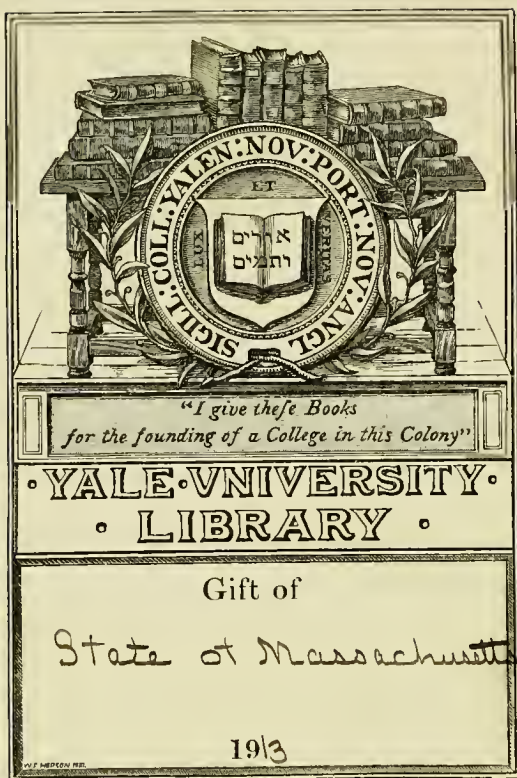


FOURTEENTH ANNUAL REPORT
OF THE
STATE BOARD OF INSANITY
—
1912



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FOURTEENTH ANNUAL REPORT

OF THE

STATE BOARD OF INSANITY

OF

The Commonwealth of Massachusetts

FOR THE

YEAR ENDING NOVEMBER 30, 1912.



BOSTON:

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1913.

APPROVED BY
THE STATE BOARD OF PUBLICATION.

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MEMBERS OF THE STATE BOARD OF INSANITY.

Nov. 30, 1912.

HERBERT B. HOWARD, M.D., <i>Chairman,</i>	. READING.
MICHAEL J. O'MEARA, M.D.,	. WORCESTER.
HENRY P. FIELD,	. NORTHAMPTON.
WILLIAM F. WHITTEMORE,	BOSTON.
EDWARD W. TAYLOR, M.D.,	BOSTON.

OFFICERS.

CHAS. E. THOMPSON, M.D.
Secretary and Executive Officer.

LOWELL F. WENTWORTH, M.D.
Deputy Executive Officer.

ELMER E. SOUTHARD, M.D., <i>Pathologist.</i>	DANIEL H. FULLER, M.D., <i>Assistant to Executive Officer.</i>
---	---

NELLIE F. BALL, <i>First Clerk.</i>	CLARA L. FITCH, <i>Stenographer.</i>
FLORENCE H. MCINTIRE, <i>Stenographer.</i>	M. LOUISE SMALL, <i>Clerk.</i>
EDA W. FITCH, <i>Clerk.</i>	REBECCA F. WARSHAW, <i>Clerk.</i>

ELMER R. LIBBY, *Financial Agent.*

REBECCA J. GREENE, <i>Accountant.</i>	ALTHEA L. BARRINGTON, <i>Clerk.</i>
EDITH A. STEVENS, <i>Clerk.</i>	BESSIE M. FIELD, <i>Stenographer.</i>

FRANCIS B. GARDNER, *Support Agent.*

BENJAMIN F. WARD, <i>Visitor.</i>	FREDERICK R. HOUGHTON, <i>Visitor.</i>
PAUL A. GREEN, <i>Visitor.</i>	MAUDE F. FREETHY, <i>Stenographer.</i>
MARY L. BALLOU, <i>Clerk.</i>	

WILLIAM T. HANSON, M.D.

Medical Director of Family Care of Harmless Insane.

MABEL G. GRAGG, <i>Visitor.</i>	GERNA SAVILLE, <i>Visitor.</i>
---------------------------------	--------------------------------

OTTO FOLIN, Ph.D., *Supervising Chemist.*

FRED F. FLANDERS, Ph.D., *Chemist.*
Department of Standards.

MARY L. NEFF, M.D., *Supervisor of Industries.*

Transportation Agents.

FRED A. HEWEY.

ELLA HEAL.



The Commonwealth of Massachusetts.

STATE HOUSE, BOSTON, April 24, 1913.

To His Excellency the Governor and the Honorable Council.

The undersigned, members of the State Board of Insanity, respectfully submit their fourteenth annual report, for the year ending Nov. 30, 1912, except on matters relating to general statistics, which cover the year ending September 30.

MICHAEL J. O'MEARA.

WILLIAM F. WHITTEMORE.

EDWARD W. TAYLOR.

JOHN WHITING MASON.

L. VERNON BRIGGS.

The Commonwealth of Massachusetts.

REPORT OF THE STATE BOARD OF INSANITY.

THE DUTIES OF THE BOARD.

The statutes relative to the establishment, duties and powers of the State Board of Insanity are to be found in chapter 504, sections 2 to 13, of the Acts of 1909.

Section 7 provides that the Board shall have general supervision of all public and private institutions and receptacles for insane, feeble-minded or epileptic persons, or for persons addicted to the intemperate use of narcotics or stimulants, and the Hospital Cottages for Children.

The Board has the right of investigation and recommendation as to any matters relating to these institutions. It shall inspect these institutions with reference to any matters which it may consider worthy of observation and ascertain whether the laws relative to the patients are properly observed.

It shall prescribe the sole forms to be used in commitments and admissions.

It shall keep records of all commitments and admissions and investigate the propriety of voluntary admissions.

It shall encourage scientific investigation by the medical staffs of the various institutions under its supervision.

It shall inspect and approve all plans and specifications for new buildings for institutions under its supervision, and express its opinion as to the necessity or expediency of the estimates for appropriations for ordinary and special expenses.

The Board shall act as commissioners of insanity, with power to investigate the question of the insanity and condition of any person who is an inmate of any institution for the insane, public or private, or restrained of his liberty by reason of alleged insanity at any place within the Commonwealth, and shall discharge any such person, if in its opinion he is not insane or can be cared for after such discharge without danger to others and with benefit to himself. All questions as to the sanity of inmates of the penal, reformatory and other institutions of the Commonwealth who present indications of insanity shall be referred to and determined by the Board, except as is otherwise provided by law.

If the Board has reason to believe that an insane, epileptic or feeble-minded person who is a proper subject for treatment or custody in an institution for the insane, epileptic or feeble-minded is confined in an almshouse or other place at the public charge or otherwise it shall cause application to be made to a judge for the commitment of such person to an institution under its supervision.

The powers of the Board also control the interrelations of institutions and matters which are of common concern, such as the transfer of patients between them, the deportation of patients to other States or countries, claims to support as State charges in institutions, etc.

It is required to act upon the question of the release of certain unrecovered inmates when such question is referred to them under section 77, chapter 504, of the Acts of 1909.

The Board also acts, from time to time, as advisor and arbitrator in the adjustment of differences and complaints concerning management, treatment, etc., arising either within or without the institutions under its supervision.

REVIEW OF THE YEAR.

ALL CLASSES UNDER CARE.

The number and location of these classes Oct. 1, 1912, were: —

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sane).	Inebriate.	Total.	Voluntary Mental (not Insane).	Temporary Care.	Other Classes.
Worcester State Hospital,	1,295	-	-	4	1,299	-	1	-
Taunton State Hospital,	1,098	-	-	3	1,101	1	1	-
Northampton State Hospital,	870	-	-	1	871	1	-	-
Danvers State Hospital,	1,406	-	-	6	1,412	-	-	-
Westborough State Hospital,	1,203	-	-	20	1,223	12	2	-
Boston State Hospital,	1,219	-	-	1	1,220	-	16	-
Mental wards, State Infirmary,	728	-	-	-	728	-	-	-
Other departments, State Infirmary,	-	121	-	-	121	-	-	-
Worcester State Asylum,	1,150	-	-	-	1,150	-	-	-
Medfield State Asylum,	1,721	-	-	-	1,721	-	-	-
Gardner State Colony,	686	-	-	-	686	-	-	-
Monson State Hospital,	352	-	535	-	887	-	-	-
Bridgewater State Hospital,	779	-	-	-	779	-	-	-
Foxborough State Hospital,	197	-	-	173	370	-	-	-
Family care,	316	-	-	-	316	-	-	-
Massachusetts School for the Feeble-minded at Waltham,	-	1,441	-	-	1,441	-	-	-
Wrentham State School,	-	404	-	-	404	-	-	-
McLean Hospital,	217	-	-	1	218	1	2	-
Twenty-four other private institutions,	128	1	-	5	134	14	-	56
Hospital Cottages for Children,	-	30	64	-	94	-	-	10
Elm Hill Private Home and School for the Feeble-minded,	-	52	-	-	52	-	-	-
Terrace Home School,	-	15	-	-	15	-	-	-
Almshouses,	-	265 ¹	-	-	265	-	-	-
Total under care,	13,365	2,329	599	214	16,507	29	22	66
Viz: —								
Public care,	13,020	2,261	599	208	16,088	14	20	10
Institutions,	12,704	1,996	599	208	15,507	14	-	-
Family care,	316	-	-	-	316	-	-	-
Almshouses,	-	265	-	-	265	-	-	-
Private care,	345	68	-	6	419	15	2	56
McLean Hospital,	217	-	-	1	218	-	-	-
Twenty-six private institutions,	128	68	-	5	201	-	-	-

¹ Figure taken from reports of overseers of the poor, March, 1912.

THE WHOLE NUMBER OF THESE CLASSES

under care Oct. 1, 1912, was 16,507, being 1 such person to every 212 of the estimated population of the State. Of this number, 13,365, or 81 per cent., were insane; 2,329, or 14 per cent., feeble-minded; 599, or 4 per cent., epileptic (sane); and 214, or 1 per cent., inebriates. Their increase for the year was 815. Of this number, 451, or 55 per cent., were insane; 295,

or 36 per cent., feeble-minded; 52, or 7 per cent., epileptic (sane); and 17, or 2 per cent., inebriates.

The whole number of such persons under public care was 16,088; under private care, 419.

The whole number of such persons in public institutions was 15,507; their increase for the year, 737; their average annual increase for the last five years, 717.

THE INSANE

under care Oct. 1, 1912, numbered 13,365, being 1 insane person to every 262 of the estimated population of the State. In addition, there were 793 persons who were temporarily absent from institutions, and a considerable number of others in the community who had been previously discharged or had never appeared in institutions for the insane.

The insane appear under public care in public institutions and boarded out in family care, at public expense, and under private care in private institutions. Their number and increase in these locations for the year, the last five years, the last ten years and the last twenty-five years are shown as follows:—

	NUMBER OCT. 1, 1912.			INCREASE OVER PRE- VIOUS YEARS.					Average Increase, Five Years.	Average Increase, Ten Years.	Average Increase, Twenty-five Years.
	Males.	Females.	Totals.	1912.	1911.	1910.	1909.	1908.			
Public institutions,	6,404	6,300	12,704	417	308	489	499	789	500.4	385.6	350.08
Family care,	13	303	316	18	23	34	31	31 ¹	8.2	19.2	9.72
Total, public,	6,417	6,603	13,020	435	331	523	496	758	508.6	404.8	359.80
Private institutions,	127	218	345	16	9	1 ¹	12	18	10.8	8.0	4.04
Total, public and private,	6,544	6,821	13,365	451	340	522	508	776	519.4	412.8	363.84

¹ Decrease.

THE INCREASE OF THE INSANE

under care for the year was 451, compared with 340 the previous year; 519, the average annual increase for the last five years; 412, the last ten years; and 363, the last twenty-five years.

The number of nonresident insane was 77, compared with 73

the previous year, and 71, the average number the last five years. Of these, 71 were patients in private institutions; and 6, private patients in State hospitals.

It is the policy of the State not to receive into its institutions nonresidents, even as private patients, unless their friends are resident in Massachusetts and have just claims for such service.

THE INCREASE OF THE INSANE UNDER PUBLIC CARE

was 435, compared with 331 the previous year; 508, the average annual increase for the last five years; 404, the last ten years; and 359, the last twenty-five years.

THE INCREASE OF THE INSANE UNDER PRIVATE CARE

was 16, compared with an increase of 9 the previous year; 10, the average annual increase for the last five years; 8, the last ten years; and 4, the last twenty-five years.

In addition to the insane, there were in private institutions 80 other patients, compared with 63 the previous year. Of these, 15 were sane voluntary mental patients, 56 voluntary nonmental patients, 6 inebriates, 2 temporary care and 1 feeble-minded. Four of these were in the McLean Hospital, where 25.33 per cent. of all patients were under the voluntary relation, without commitment as insane.

THE INCREASE OF THE INSANE IN FAMILY CARE

was 18, compared with an increase of 23 the previous year; 8, the average annual increase for the last five years; 19, the last ten years; and 9, the last twenty-five years.

THE INCREASE OF THE INSANE IN PUBLIC INSTITUTIONS

was 417, compared with 308 the previous year; 500, the average annual increase for the last five years; 385, the last ten years; and 350, the last twenty-five years.

ALL ADMISSIONS OF MENTAL PATIENTS

from the community, to public institutions and McLean Hospital were 3,350, compared with 3,207 the previous year, and 3,220, the average the last five years. The increase this year was 143,

compared with a decrease of 47 the previous year, and 66, the average increase the last five years.

They comprise court commitments as insane, voluntary admissions of the insane and voluntary admissions of mental patients who were classed as sane.

Court commitments as insane were 3,093, compared with 2,970 the previous year, and 3,005, the average the last five years. The increase was 123, compared with a decrease of 84 the previous year, and 45, the average increase the last five years.

Voluntary admissions of the insane were 254, compared with 206 the previous year. Public institutions received 187 such patients, of whom 9, or 4.81 per cent., required subsequent commitment. McLean Hospital received 67 such patients, of whom 6, or 8.91 per cent., required subsequent commitment.

Voluntary admissions of mental patients who were classed as sane were 28, compared with 31 the previous year. Public institutions received 24 such patients, and McLean Hospital, 4.

ALL VOLUNTARY ADMISSIONS

to public institutions and McLean Hospital were 282, compared with 237 the previous year, and 219, the average the last five years. The increase was 45, compared with an increase of 37 the previous year, and 25, the average increase the last five years. Public institutions received 211 such patients, compared with 155 the previous year, and 139, the average the last five years. McLean Hospital received 71 such patients, compared with 82 the previous year; and 80, the average the last five years.

EMERGENCY COMMITMENTS

numbered 15, a decrease of 33, compared with a decrease of 39 the previous year. Public institutions received 15; all were duly committed.

FIRST CASES OF INSANITY

appeared in public institutions and McLean Hospital to the number of 2,660, compared with 2,565 the previous year, and 2,549, the average the last five years. The increase was 95, compared with a decrease of 17 the previous year, and 49, the average increase the last five years.

Of all the commitments of the insane to these institutions (inclusive of insane voluntary patients), 79.83 per cent., appeared for the first time in any institution for the insane.

One insane person came under care for the first time from every 1,318 of the estimated population of the State, compared with 1,339 the previous year, and 1,325, the average from 1905 to 1910. The estimated increase in the population of the State for the year is 71,478; hence the growth of population would have accounted for an increase of 54 in the first cases of insanity. As shown above, there was an actual increase of 95.

THE NATIVITY

of such first cases of insanity does not differ materially from the percentages of the previous year. Exclusive of 27, or 1.01 per cent., whose birthplaces were unknown, 1,027, or 39 per cent., were born in Massachusetts; 1,294, or 49.14 per cent., in New England; 1,464, or 55.60 per cent., in the United States; and 1,169, or 44.40 per cent., in foreign countries.

THEIR PARENTAGE

also corresponds substantially with the percentage of previous years. Exclusive of 178, or 6.69 per cent., whose birthplaces were unknown, 434, or 17.48 per cent., of the mothers were born in Massachusetts; 699, or 28.16 per cent., in New England; 822, or 33.12 per cent., in the United States; and 1,660, or 66.88 per cent., in foreign countries.

Exclusive of 181, or 6.80 per cent., whose birthplaces were unknown, 422, or 17.02 per cent., of the fathers were born in Massachusetts; 673, or 27.14 per cent., in New England; 796, or 32.11 per cent., in the United States; and 1,683, or 67.89 per cent., in foreign countries.

THEIR AGES

vary but little from the averages of previous years. The age of 60 or more had been reached by 543, or 20.54 per cent., when admitted for hospital treatment; by 428, or 17.59 per cent., when insanity began. The mean age was 41.88 years on admission; 38.79 years at the onset of mental disease.

THE LOCALITIES

where they resided at the time of commitment, and where insanity developed, in the main show that the country districts furnish relatively fewer cases of insanity than the more populous centers. The cities and towns of over 10,000 inhabitants comprise 74 per cent. of the total population of the State for 1910, and country districts only 26 per cent., whereas 2,157, or 81.09 per cent., of the commitments, were made from the former, and 503, or 18.91 per cent., from the latter.

THE CAUSES OF INSANITY

assigned by the physicians of the hospital were physical in 1,634, or 61.43 per cent.; mental in 142, or 5.34 per cent.; unknown in 877, or 32.97 per cent.; and not insane in 7, or .26 per cent.

Congenital causes were assigned in 7.48 per cent.; heredity alone in 6.65 per cent., with other causes, 12.03 per cent., making heredity a causative factor in 18.68 per cent.; alcoholic intemperance alone in 14.96 per cent., with other causes, 2.44 per cent., making alcohol a causative factor in 17.40 per cent.; senility in 8.46 per cent.; coarse brain lesions in 7.29 per cent.; and syphilis in 6.28 per cent. These six causes were operative in 65.59 per cent. of this year's first cases of insanity.

THE CURABILITY OF MENTAL DISEASE

in this year's first cases of insanity is practically the same as last year, and does not vary materially from the average.

The mental disease was classed as curable in 630, or 23.68 per cent., of first cases, compared with 23.66 per cent., the previous year, and 23.25 per cent., a 3 years' average. The outcome in 4,613 such cases (an eight-year period) indicates an expectation of recovery in 1 out of 2.20 cases.

The mental disease was classed as generally incurable in 945 or 35.53 per cent. The outcome in 6,997 such cases (an eight-year period) indicates an expectation of recovery in 1 out of 26.60 cases.

The mental disease was classed as incurable in 941, or 35.38 per cent. The outcome in 7,067 such cases (an eight-year period) indicates an expectation of recovery in 1 out of 1,766 cases.

CERTAIN FORMS OF MENTAL DISEASE

occur with great frequency; manic-depressive insanity in 13.01 per cent. of this year's first cases of insanity and in 54.92 per cent. of the forms of mental disease classed as curable; and acute alcoholic insanity in 6.40 per cent. of first cases and in 27.14 per cent. of the forms classed as curable. These two forms comprised 19.41 per cent. of first cases, compared with 19.88 per cent. the previous year, and 19.64 per cent., a two years' average. They comprised 82.06 per cent. of forms of mental disease classed as curable, compared with 84.01 per cent. the previous year, and 83.03 per cent., a two years' average. They furnished 69.01 per cent. of first recoveries, compared with 79.87 per cent. the previous year, and 74.44 per cent., a two years' average.

In the groups classed as incurable and generally incurable, dementia præcox occurred in 21.77 per cent. of first cases; chronic alcoholic insanity in 4.89 per cent.; imbecility in 5.23 per cent.; senile insanity in 11.99 per cent.; epileptic insanity in 3.61 per cent.; general paralysis in 8.65 per cent.; and coarse brain lesions in 5.86 per cent. These seven forms, classed as practically incurable, comprised 62 per cent. of first cases of insanity, and furnished 11.26 per cent. of first recoveries.

These nine forms of disease comprised 81.41 per cent. of this year's first cases of insanity, compared with 83.15 per cent. the previous year, and 82.28 per cent., a two years' average.

THE DURATION OF MENTAL DISEASE

previous to hospital treatment was less than three months in 913, or 37.85 per cent., of first cases, compared with an average of 38.12 per cent. the last three years; less than six months in 1,218, or 50.50 per cent., compared with an average of 49.89 per cent. the last three years; less than one year in 1,463, or 60.66 per cent., compared with an average of 60.72 per cent. for three years; and one year or more in 949, or 39.34 per cent., compared with an average of 39.28 per cent. for three years.

The significance of the previous duration of mental disease is evident from the fact that out of 2,229 first recoveries (an eight-year period), 71.64 per cent. had a previous duration less than three months; 83.40 per cent. less than six months; 91.34 per

cent. less than one year; and only 8.66 per cent. one year or more; while the whole duration of insanity was less than three months in 27.59 per cent.; less than six months in 57.87 per cent.; less than one year in 77.03 per cent.; and one year or more in only 22.97 per cent. These percentages have been substantially constant for the last seven years.

DISCHARGES.

THE RESULTS OF MENTAL DISEASE

are shown in the condition of patients on discharge; 494 recovered; 335 were capable of self-support, 509 were improved, 335 not improved and 22 not insane.

THE RECOVERY RATE

for the whole State was 15.08 per cent. of commitments, compared with 13.47 per cent. the previous year, and 14.27 per cent., a two years' average.

The percentages of recoveries in public institutions and McLean Hospital were: —

Of commitments (inclusive of insane voluntary),	. . . . .	14.83; five years' average, 12.90
Of whole number of persons,	. . . . .	3.10; five years' average, 2.82
Of daily average number,	. . . . .	3.87; five years' average, 3.56

There were 355 recoveries of first cases of insanity, being 13.35 per cent. of such, compared with 12.40 per cent. the previous year, and 11.67 per cent. the average the last five years.

There were discharged,

CAPABLE OF SELF-SUPPORT

from public institutions and McLean Hospital, 335, or 10.05 per cent. of the commitments, compared with 9.76 per cent. the previous year.

THE RESTORATION OF THE INSANE

for the whole State to self-support in the community includes both the recovered and those discharged capable of self-support. Together they numbered 867 this year. The percentages of

both these classes in public institutions and McLean Hospital were: —

Of commitments (inclusive of insane voluntary),	24.87; five years' average, 22.57
Of whole number of persons,	5.43; five years' average, 4.73
Of daily average number,	6.51; five years' average, 5.93

DEATHS.

THE DEATH RATE OF THE INSANE

for the whole State during the year was 74.3 per thousand of the whole number of persons treated, compared with 77.5 the previous year, and 75.9, a two years' average.

The percentages of deaths in public institutions and McLean Hospital were: —

Of whole number of persons,	7.56; last four years' average, 7.84
Of daily average number,	9.46; last four years' average, 9.80
Of discharges and deaths,	41.57; last four years' average, 45.19

Mental disease classed as curable was present in 6.55 per cent. of persons who died, compared with 10.90 per cent. the previous year.

The percentage of deaths of first cases occurring within the first three months of hospital residence was 30.51, against 28.09 in 1911, 29.45 in 1910, 29.39 in 1909, and 29.68 in 1908.

Senile insanity was present in 19.65 per cent., general paralysis in 14.59 per cent., and coarse brain lesions in 10.45 per cent.

These incurable brain conditions existed in 44.69 per cent., compared with 58.95 per cent. the previous year.

Tuberculosis was present in 11.86 per cent., compared with 8.34 per cent. the previous year.

Pneumonia (lobar, broncho and hypostatic) was present in 14.76 per cent., organic disease of the heart in 16.33 per cent., organic disease of the kidneys in 4.89 per cent., and malignant tumors in 2.07 per cent.

The statistical data on which the foregoing statements and conclusions are based are found in Tables Nos. 19, 20 and 21 of the Appendix.

THE FEEBLE-MINDED.

THE WHOLE NUMBER OF THE FEEBLE-MINDED

under care Oct. 1, 1912, was 2,329, being 1 feeble-minded person to every 1,506 of the estimated population of the State.

The feeble-minded appear under public care in public institutions and almshouses, and under private care in private institutions. Their number and increase in these locations for the year and the last five years are shown as follows:—

	NUMBER OCT. 1, 1912.			INCREASE OVER PREVIOUS YEAR.					Average Increase, Five Years.
	Males.	Females.	Totals.	1912.	1911.	1910.	1909.	1908.	
School for the Feeble-minded at Waltham.	861	580	1,441	66	22	48 ¹	118	98	51.2
Wrentham School,	188	216	404	137	53	172	7 ¹	10	73.0
Hospital Cottages for Children,	9	21	30	—	13	2	1 ¹	—	2.8
Almshouses,	139	126	265	35	31	17 ¹	23	5 ¹	13.4
State Infirmary,	42	79	121	53	68	—	—	—	24.2
Total, public,	1,239	1,022	2,261	291	187	109	133	103	164.6
Elm Hill,	40	12	52	1 ¹	—	5 ¹	—	1	1.0 ¹
Small private institutions, . .	8	8	16	5	1	10	—	—	3.2
Total, public and private,	1,287	1,042	2,329	295	188	114	133	104	166.8

¹ Decrease.

THE INCREASE OF THE FEEBLE-MINDED

under care for the year was 295, compared with 188 the previous year, and 166, the average the last five years.

The number of nonresident feeble-minded was 74, compared with 75 the previous year. Of these, 36 were patients in private institutions; and 38, private patients in State institutions.

It is the policy of the State to receive feeble-minded persons from other States only when there is no school for the feeble-minded in such States and then only in urgent cases. The non-resident patients are paid for at a rate which fully compensates the State for the cost of their maintenance.

The increase of the feeble-minded under public care was 291,

compared with 187 the previous year, and 164, the average the last five years.

The increase of the feeble-minded in public institutions was 256, compared with 151.2, the average the last five years.

The Prevalence of Feeble-mindedness in the Community.

Under the direction of the State Board of Insanity an inquiry was made by Dr. William Noyes for the purpose of gaining as accurate an idea as possible of the number of feeble-minded in the State. The following very brief abstract of his comprehensive and valuable report gives but an imperfect idea of the extent of the problem involved: —

The sources of information were the superintendents of schools of the 352 cities and towns of the State; personal visits to the special classes in Everett, Lynn, Somerville, Chelsea, Newton, Worcester, New Bedford, Springfield, Andover, Northampton, Greenfield (the only cities or towns except Boston having special classes for defective children); the various charitable organizations, social workers, hospitals and State Boards having to do with this class; the replies from letters addressed to 6,000 physicians in the State; district nurses; 500 truant officers and the schools for the feeble-minded. Twenty-three towns in Northern Worcester County were personally visited, and the teachers and medical examiners of special classes in the Boston schools interviewed.

A large amount of time was devoted to interviewing the different charitable organizations, social workers and hospitals, and the various boards in the State service having to do with this class. Examinations through these channels furnished very instructive data, and only by such an examination as this can the various ramifications of the subject be appreciated where one runs across the different members of the same family from children to grandparents.

The data received were entered on cards, one for each individual. The cards were finally brought together in alphabetical order, to prevent duplication, and showed a listing of 5,007 individuals, 2,640 males and 2,367 females, who were considered by one or more persons as being feeble-minded.

These totals do not include returns from the schools of the five large cities of Boston, Cambridge, Lowell, Fall River and Salem. It is estimated that there are at least 628 institution cases in the schools of Boston. It is easily seen, therefore, that

the institution cases in the schools of the four other cities would increase the totals in a very marked degree. On the other hand, it must not be assumed that the 5,007 individuals listed in the census are by any means all institution cases. Defective delinquents have been rejected when known to be such.

The applications for admission to the State Schools for the Feeble-minded at Waltham and Wrentham, on file at the institutions, were carefully gone over and a card made out for each case. These represent applicants suitable for admission who cannot be received for lack of room.

Such applicants number 770, as follows:—

Waltham applicants:—

Males,	.	.	.	.	.	.	.	.	224
Females,	.	.	.	.	.	.	.	.	295
Total,	.	.	.	.	.	.	.	.	519

Wrentham applicants:—

Males,	.	.	.	.	.	.	.	.	113
Females,	.	.	.	.	.	.	.	.	138
Total,	.	.	.	.	.	.	.	.	251

It should be kept constantly in mind that the list of applications at both of the State schools for feeble-minded by no means bears a correct relation to the number of persons that those most interested are ready and willing to make application for. Social workers, school superintendents, physicians and many others have for so many years met with the unvarying response that the institutions are so crowded that no more can be received, that they have grown tired of going through the work involved in making the applications.

For the purpose of comparison with the State census of 1905 a more intensive study of a given section, including 23 towns, was made. One hundred and five feeble-minded individuals were found, while the State census gave but 37, a very marked difference. If the same proportion held throughout the State, the total number in the community would be 7,861.

In 520 individuals reported by the State Minor Wards Department, there were found 70 mothers whose illegitimate children numbered 93. There were also a certain number of married women with legitimate offspring, so that the 93 illegitimate by no means represent the total number of children from feeble-minded mothers.

The Adult Poor Department of the State Board of Charity reports 87 females and 6 males. These are not in institutions, but continually coming to their knowledge for assistance. They are all below par mentally and a very considerable number are committable as feeble-minded, others being border-line cases. Of the 87 women, at least 68 are known to have had children, 92 being illegitimate and 17 legitimate, making a total of 109 children born to 68 feeble-minded and border-line mothers. Most of the women are under thirty. They are all at large in the community, and it is absolutely certain that there will be a very considerable number of children born to them in addition to the 109 that they are known to have had up to the present time. They are repeatedly coming to the knowledge of the department, many times under different names, one woman being reported under four names. A large number of the girls, now State minor wards, will enter this class unless they can be committed before they are twenty-one.

A committee, of which Mr. C. C. Carstens, of the Massachusetts Society for the Prevention of Cruelty to Children, was chairman, has prepared tables estimating the cost to the State of three feeble-minded families, — the W. family and two branches of the B. family. The tables are made on the estimated cost of caring for a feeble-minded child by the State Board of Charity at \$180 a year until the average age of thirty-three. (The cost of a *normal* is estimated at \$125 a year until the age of twenty-one.) The totals of these feeble-minded children are as follows: —

Nine members of the W. family will cost the State,	\$30,705
Seven members of the B. I. family will cost the State,	21,470
Three members of the B. II. family will cost the State,	12,600
<hr/>	
Estimated cost for 19 children in 3 families,	\$64,755

The matter of the feeble-minded in the schools is discussed and the great need of specially trained teachers for the special classes is pointed out.

It is in the schools that the work of educating the public to this condition must begin, and I feel that efforts should be made to have the Board of Education take special cognizance of this condition. All the machinery for doing for the schools the special listing that I have been engaged in already exists.

Special circulars should be prepared for the use of the school physicians, and they should be expected to list cases of feeble-mindedness with as much care as cases of tuberculosis now receive.

It cannot be too emphatically stated that the figures given in the summary are incomplete, that several large school populations, including Boston, are omitted entirely because of inability to get data for checking

up, and that the results of this census show but a small part of the problem and are simply suggestive of the present status. Some estimate of the numerical aspect is afforded, and the intimate relations with the communities throughout the State are emphasized. The belief that the feeble-minded are widely scattered through every portion of the State, and in much larger numbers than any census or estimate heretofore made has indicated, has been confirmed. It would also appear that only by State control can the problem be effectually dealt with, and this only when public opinion sanctions effective methods.

SUMMARY.

Known Feeble-minded in Massachusetts.

By present census:—

Males,		2,640
Females,		2,367
		<hr/> 5,007
Reported by overseers of the poor,		245
		<hr/> 5,252
Total not in institutions,		
In School for the Feeble-minded (at Waltham),	1,497 ¹	
In Wrentham School,	418 ¹	
	<hr/>	1,915
In State hospitals and asylums,		672
Total in institutions,		<hr/> 2,587
		<hr/> 7,839
Total in State in feeble-minded status,		

THE EPILEPTIC.

THE WHOLE NUMBER OF THE EPILEPTIC

under care Oct. 1, 1912, was 1,409, being 1 epileptic to every 2,489 of the estimated population of the State. There were enumerated in the State census of 1905, 2,140 epileptics, of whom 1,016 were living in the community. This figure is probably far below the actual number in the State if an accurate enumeration could be made.

The epileptic appear under public care in the Monson State Hospital, the State hospitals and asylums, and other public institutions, and under private care in private institutions. Details will be found under the Monson State Hospital.

Their number and increase in these locations for the year and for the last five years are shown as follows:—

¹ Jan. 1, 1913.

	NUMBER OCT. 1, 1912.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1912.	1911.	1910.	1909.	1908.	
Monson Hospital,	457	430	887	36	81	75	8	117	63.4
State hospitals and asylums,	258	157	415	35	61 ¹	—	45	14	6.6
Other public institutions,	58	38	96	15 ¹	21 ¹	7	22	55 ¹	12.4 ¹
Total, public,	773	625	1,398	56	1 ¹	82	75	76	57.6
Private institutions,	5	6	11	—	3 ¹	—	2	2 ¹	.2 ¹
Total, public and private,	778	631	1,409	56	4 ¹	82	77	74	57.4

¹ Decrease.

In addition, the overseers of the poor report (March 31, 1912) 107 epileptics in city and town almshouses and private families.

THE INCREASE OF THE EPILEPTIC

under care for the year was 56, compared with a decrease of 4 the previous year, and 57.4, the average increase the last five years.

The increase of the epileptic under public care was 56, compared with a decrease of 1 the previous year, and 57.6, the average increase the last five years.

The number under private care remained the same.

THE INEBRIATES.

THE WHOLE NUMBER OF INEBRIATES

under hospital care Oct. 1, 1912, was 214, being 1 inebriate to every 16,392 of the estimated population of the State. This number comprises only a very small fraction of the whole number of inebriates, there being some 20,000 commitments annually to penal institutions, and some 7,000 persons committed for the first time.

It is the intention to exclude from hospital care criminal inebriates and those who are not of good character and reputation, apart from habits of inebriety.

The State provides a special hospital for the treatment of male inebriates, but women are excluded therefrom, and continue to

be committed as inebriates to State hospitals for the insane. The private institutions receive only a few such patients.

Their number and distribution in these locations Oct. 1, 1912, are shown as follows: —

	NUMBER OCT. 1, 1912.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1912.	1911.	1910.	1909.	1908.	
Foxborough Hospital,	173	—	173	6	58	17	5	3 ¹	16.6
State hospitals, .	—	35	35	6	6 ¹	5	6	9	4.0
Total, public, .	173	35	208	12	52	22	11	6	20.6
Private institutions,	5	1	6	5	1 ¹	2 ¹	—	2	.8
Total, public and private, .	178	36	214	17	51	20	11	8	21.4

¹ Decrease.

THE INCREASE OF THE INEBRIATES

under hospital care was 17, compared with an increase of 51 the previous year, and an average increase of 21.4 the last five years.

The increase of inebriates under public care was 12, compared with an increase of 52 the previous year, and an average increase of 20.6 the last five years.

The number under private care shows little variation.

Further details in regard to inebriates will be found under Foxborough State Hospital and in Table No. 11 of the Appendix.

REPORT OF THE PATHOLOGIST.

To the State Board of Insanity.

Contents. — Pathologist's change of status; Psychopathic Hospital as center of investigation; increasing solidarity of scientific work of the different State institutions; significance of observing progress in other States; importance of steering medical students towards institution work; increasing interest of social workers in institution problems; comments on the special work of different Massachusetts institutions; report on the special investigation into the nature, causes, results and treatment of mental disease and defects; general conclusions.

As pathologist to the Board of Insanity, I wish to present herewith

a report of work from Dec. 1, 1911, to Nov. 30, 1912, being my fourth report, and the third to cover a full year's work. Upon May 1, 1912, my designation as pathologist to the Board became an honorary title, by reason of my assumption of new duties as director of the Psychopathic Hospital, the new departmental unit of the Boston State Hospital, which is serving as reception hospital for the insane of Boston and as an observation and treatment hospital for special classes of insane in the Metropolitan District. May 1, 1912, therefore, saw the expiration of three years of special service as a direct agent of the Board, with the following duties, as defined in the terms of my appointment, May 1, 1909: (1) *supervision of the clinical, pathological and research work* in the various institutions under the Board's general supervision; (2) *visits* to the institutions from time to time; and (3) *reports* to the Board, *comprising conditions observed* and such *recommendations* as result therefrom.

Under the new conditions, the number of visits which can be made to the institutions must naturally be smaller. On the other hand, the resort of the various clinical and pathological officers of the State institutions to the Psychopathic Hospital as center of instruction and investigation is becoming frequent. Moreover, it has been the policy of the Boston State Hospital to encourage the resort of such officers for comparatively long periods (one to three months) on the basis, as a rule, that the State institution deputing such officer shall pay his salary while the Psychopathic Hospital gives him maintenance. By these means the standardization of methods of diagnosis and treatment and the exchange of new observations and ideas are favored. The 1908 report of the Board of Insanity terms the Psychopathic Hospital, then in prospect only, "*a center of scientific investigation into the nature, causes and treatment of insanity and of clinical instruction.*" In no more concrete way can this ideal be worked out than by the intimate association of the Psychopathic Hospital officers with those of the other institutions, by the possibility in some instances of an actual exchange of officers, and by the stirring up of medical-student interest in the problem of the insane.

It is matter of common knowledge that there is an *increasing solidarity and community of interests among our hospital officers*, as seen concretely in the frequent meetings of the Assistant Physicians' Association and in the semiannual meetings of the New England Psychiatric Society, in which Massachusetts has always taken a leading part. Even the spread of various obvious ideas, — such as the necessity of *routine serum tests for syphilis* in the overwhelming majority of cases in simple justice to the patient, or such as the application of *prolonged baths in a form not amounting to restraint* in

excited cases, or such as the importance of *post-mortem examinations* to dissolve the diagnostic apathy or conceit of hospital officers, — the spread and due assimilation of such perfectly simple conceptions, is a matter of the mutual contact and *viva voce* intercommunication of our officers.

I would call specific attention to the number of scientific papers introduced by our officers at various society meetings as mentioned in the excerpts from hospital reports given below. There has been a gradual improvement in the attendance of hospital officers at various society meetings, in such wise that our *admonitions to attend more meetings* (by various high authorities) seemed to some superfluous. But I hold the opinion that the interest of the patients requires still more rather than less of such attendance. Especially should the institutions request delegates to various national organizations. It is all very well to remark how little New York knows of Massachusetts' progress, but what shall be said of Massachusetts' appreciation of New York's policy? We cannot safely murmur at the unscientific programs and nonprogressive attitude of certain of these national associations without assuming a portion of responsibility therefor. It is more than a matter of pride for Massachusetts to be in evidence at these national meetings.

So much may be said concerning certain duties of those already engaged in work with the insane. Much more could and should be said concerning medical students and the best means of steering suitable men into work with the insane. I suspect that many a good superintendent exists in the guise of a mediocre practitioner. It is common to hear (though how true it is I cannot say) that various scientific experts had been dismal failures in practice. The vast majority of hospital men say they *drifted into hospital work*. In this plight it becomes almost a duty actually to advertise our wares in some effective way before the eyes of medical students. Many of the better medical students of to-day are already equal to the graduates of yesterday, or superior thereto, in various useful arts and procedures of an insane hospital. I would therefore call attention to the fact, mentioned below, that some institutions have utilized as *internes* during summer months *medical students*. Curiously enough, these students have been as often from other States as from Massachusetts. Something should be done to stimulate the interest of our local medical students in the problems of the insane, the feeble-minded and allied forms of degeneracy here in Massachusetts.

Besides the problem of increasing the efficiency of the institution officers of the present and the problem of urging the best medical students to enter the field, we must consider the best way of *utilizing*

the newly aroused interests of social workers in the problems of insanity and especially of feeble-mindedness. I have spent considerable time in examining this movement, coming to the conclusion that the present differences of opinion between physicians and social workers can readily be resolved. One of our first duties is to dissolve the tendency shown by various social workers to *inspire patients, prospective patients, and relatives with fear of State institutions*. Another duty is to alter the habit of certain bureaucratic social workers who insist that every person classified as insane or feeble-minded belongs in some institution. Meantime our medical ideas as to the true cause (or conspiracy of causes) of mental disease are often quite changed upon the receipt of the results of social investigation. We must be prepared to accept these results with the hope that they will contribute to our knowledge of the nature of mental disease. I hope that college students and possibly medical students can be found willing to help in social investigations on a voluntary and unpaid basis, thus supplementing the work of the civil service social workers whom many of our institutions are hoping to install.

Some note is made below, in the report of special investigations, concerning a new method of *constructive prophylaxis* which would, if properly executed, engage the service of several social workers, and also concerning some points in the distribution of insanity in Massachusetts of interest from the side of *eugenics*.

THE PSYCHIATRIC AND HYGIENIC WORK OF THE INSTITUTIONS will be reviewed by means of excerpts from their annual reports. I must again report the courtesy and interest of the different officers in the work of the pathologist. His suggestions have uniformly met with attention at least equal to that with which the suggestions of a controlling officer would have been received.

Although in a broad sense supervisor of the psychiatric and hygienic work of the institutions, the pathologist to the Board derives all his powers from the Board, and has the right of investigation, but no direct control of the medical work of the institutions.

The observations and recommendations of this report are based upon 26 visits to the various institutions, and upon numerous conferences with members of the several medical staffs.

Worcester State Hospital.

The superintendent calls attention to —

- (a) Accumulation of chronic and senile cases.
- (b) Possible change of type in general paresis cases.

(c) The enlargement of the pathologist's duties to include those of clinical director.

The pathologist, Dr. S. T. Orton, describes —

(a) The third annual epidemic of dysentery, with the problems of *outside privies, flies, sewage disposal, soiled bedding and clothing.*

(b) The co-ordination of clinical and laboratory work (systematic note-taking, morbidity card-index).

(c) Staff meetings.

Staff meetings are held every morning of the week, except Saturdays and Sundays, for the consideration of cases of interest, cases with uncertain diagnosis, and those in which discharge from the institution is requested or under consideration. The time allotted to this work (from an hour to an hour and a half), is proving insufficient for the presentation of all cases of the above types; but any increase of the time applied without concordant increase in the numbers of the staff would prove a handicap in the ward work. At these meetings the case history is presented in brief abstract, further data being elicited from the patient on direct questioning. The diagnosis is not stated by the presenting physician, the opinion of the physician of the corresponding service of the opposite wing being given from the data of the abstract and examination. The direct examination and the opinion of each member of the staff is recorded by a stenographer and forms part of the case record.

On Saturday morning the staff meeting hour is given over to a literature review. The current medical journals on file at the hospital are assigned to individual members of the staff, each of whom reports about once a month the articles of interest in his assignment.

Twice a week a morning is devoted to a bedside clinic on the admission service. These visits alternate between the male and female wings, and the staff of the corresponding wing is accompanied by the first assistant physician and by the clinical director for the purpose of observation of the newly admitted cases.

Evening meetings are being held as formerly once a week at the laboratory. Three of these meetings in each month are devoted to review of subjects of laboratory interest, — reports of post mortems, talks on anatomical, histological or physiological subjects, special laboratory investigations, etc. At present the pathologist is offering at these meetings a formal course in the anatomy, histology and histopathology of the central nervous system, with illustration by means of the microscopic projection. The fourth meeting of each month is devoted to a symposium on assigned psychiatric topics. At these symposia some one of the mental diseases or of its subdivisions is assigned to one of the staff, who presents an outline of the characteristic features of his assignment which is followed by a general discussion. Later these subjects will be repeated with more careful analysis and dissection of the individual symptoms. It is hoped to expand these symposia in time into clinics open to the medical pro-

fession for the purpose of bringing the work and aims of the hospital into more intimate relation with the members of the profession in our district.

(d) Acute or admission service requirements.

(e) Series of papers offered in compliment to Dr. H. M. Quinby on his retirement from the superintendency.

Peter Bassoe, M.D., Chicago. "Unilateral Hypertrophy involving the Entire Left Side of the Body."

Harry W. Miller, M.D., Superintendent, Eastern Maine Hospital for the Insane, Augusta, Me. "Report of a Case of Pellagra in Maine with Remarks upon Recent Work on the Etiology of the Disease."

Theodore A. Hoch, M.D., Assistant Physician, McLean Hospital, Waverley, Mass. "A Statistical Study of Manic-depressive Insanity, with Especial Reference to Physical Illness as an Etiological Factor."

Isador H. Coriat, M.D., Second Assistant Physician for Nervous Diseases, Boston City Hospital. "The Relation of the Apraxia Problem to Psychiatry."

E. V. Scribner, M.D., Superintendent, Worcester State Hospital. "A Case of Epilepsy."

A. M. Barrett, M.D., Director of the Psychopathic Hospital, Ann Arbor, Mich.; Professor of Psychiatry, University of Michigan. "Diffuse Glioma of the Pia Mater."

E. E. Southard, M.D., Director, Psychopathic Hospital, Boston, Mass.; Professor of Neuropathology, Harvard Medical School. "A Series of Normal-looking Brains (from the Laboratory of the Worcester State Hospital.)"

R. L. Whitney, M.D., First Assistant Physician, Worcester State Hospital. "A Case of Frontal Brain Tumor."

Adolf Meyer, M.D., Professor of Psychiatry, Johns Hopkins University. (1) "The Nature of Metastatic Tumors of the Thyroid." (2) "New Formation of Nerve Cells in Isolated Part of Nervous Portion of the Hypophysis-tumor in a Case of Acromegaly with Discussions of the Hypophysis."

Samuel T. Orton, M.D., Clinical Director and Pathologist, Worcester State Hospital; Instructor in Neuropathology, Harvard Medical School. (1) "A Study of the Brain in a Case of Catatonic *Hirntod*." (2) "Some Technical Methods for the Routine Examination of the Brain from Cases of Mental Disease."

Taunton State Hospital.

The trustees mention with approval the acquisition of a field worker in eugenics and speak of her social service value.

The superintendent emphasizes the amount of *useful* work done by

the patients. Prizes are offered to nurses for the best work during training.

The pathologist mentions the following papers:—

“An Analysis of Cases of Mental Disease showing no Gross Lesion in the Brain at Autopsy,” for the annual meeting of the American Medico-psychological Association at Atlantic City, N. J., May 28 to June 1, 1912; “Prognosis in Involution Psychoses,” for the fall meeting of the New England Society of Psychiatry, at Hathorne, Mass., Oct. 3, 1912.

Northampton State Hospital.

The superintendent reports three cases of pellagra, one in 1910 and two in 1911.

Danvers State Hospital.

The appointment of Dr. Earl D. Bond to replace Dr. H. M. Adler as pathologist was made July 1, 1912.

The superintendent describes in some detail the record-making in the institution (history taken if necessary by field worker, routine examinations, running notes at set intervals, Wassermann examinations, dictating machines).

The papers published in future from Danvers Hospital material are to be numbered in sequence from the 17 papers brought out in 1910 in honor of Dr. C. W. Page's retirement.

- XVIII. “Second Note on Bacterial Invasion of the Blood and the Cerebrospinal Fluid by Way of the Lymph Nodes.” Drs. E. E. Southard and M. M. Canavan. Boston Medical and Surgical Journal.
- XIX. “Dementia Præcox.” Dr. A. W. Stearns. Boston Medical and Surgical Journal.
- XX. “On the Somatic Sources of Somatic Delusions.” Dr. E. E. Southard. Journal of Abnormal Psychology.
- XXI. “Blood-cell Picture in Horse Serum Anaphylaxis in Guinea Pigs: Note on Kurloff's ‘Inclusion Cells’.” Dr. M. M. Canavan. Journal Medical Research.
- XXII. “Cyanosis.” Dr. W. B. Cornell. Journal American Medical Association.
- XXIII. “Note on a Circumscribed Epidemic of Diphtheria.” Dr. Herman M. Adler.
- XXIV. “Unsaturated Fatty Acid as a Neurolytic Agent.” Dr. Herman M. Adler.
- XXV. “Experimental Production of Lesions resembling Pellagra.” Dr. Herman M. Adler.

Westborough State Hospital.

The superintendent mentions the installation of a medical field worker in eugenics and social service (Dr. Alberta S. Guibord).

The active pathological and clinical work of the institution is well represented in the titles of a series of papers offered in compliment to Dr. G. S. Adams, former superintendent (since deceased):—

- I. George Smith Adams.
- II. "The Psychopathic Division, Westborough State Hospital."
By Henry I. Klopp, M.D., Allentown, Pa., Superintendent, Allentown State Hospital; formerly Assistant Superintendent and Physician in Charge of Psychopathic Division, Westborough State Hospital.
- III. "A Study of the Miliary Plaques found in Brains of the Aged."
By Solomon C. Fuller, M.D., Pathologist, Westborough State Hospital, and Instructor in Normal and Pathological Anatomy of the Central Nervous System, Department of Neurology, Boston University School of Medicine.
- IV. "Recoveries in Dementia Præcox." By William W. Coles, M.D., Keene, N. H.; formerly Senior Assistant Physician, Westborough State Hospital.
- V. "The Selection of Stimulus Words for Experiment in Chance Word Reaction." By Eleanor A. McC. Gamble, Ph.D., Professor of Psychology, Wellesley College, and Alberta S. Guibord, M.D., Physician, Neurological Department, Evans Memorial for Clinical Research; formerly Senior Assistant Physician, Westborough State Hospital.
- VI. "Two Cases of Multiple Sclerosis with Obscure Neurological and Mental Symptoms (Formes Frustes)." By Solomon C. Fuller, M.D., Henry I. Klopp, M.D., and Michael M. Jordan, M.D., Assistant Superintendent, Westborough State Hospital.
- VII. "Sleep and Somnambulism." (Authorized translation from the French of Prof. M. Bernheim, Nancy, France.) By William W. Coles, M.D.
- VIII. "Purulent Streptococcic Cerebro-spinal Meningitis from Middle Ear Disease: the Report of a Case." By Ruth B. Coles, M.D., Keene, N. H., formerly Assistant Physician, Westborough State Hospital, and Solomon C. Fuller, M.D.
- IX. "Brain Weights in Psychoses." By Stella B. Shute, A.B., Assistant in Histology, Westborough State Hospital.
- X. "A Report on the Therapeutic Use of Bacterial Vaccines and on Anti-Typhoid Vaccination at Westborough State Hospital."
By Clarence C. Burlingame, M.D., Fergus Falls, Minn., Assistant Superintendent, Fergus Falls State Hospital; formerly Senior Assistant Physician, Westborough State Hospital.

- XI. "A Case of Multiple Papilloma of the Brain (Adeno Carcinoma)." By Solomon C. Fuller, M.D.
- XII. "A Case of Mongolian Idiocy." By Walter A. Jillson, M.D., Senior Assistant Physician, Westborough State Hospital.
- XIII. "Alzheimer's Disease (Senium Præcox): the Report of a Case and Review of Published Cases." By Solomon C. Fuller, M.D.
- XIV. "Further Observations on Alzheimer's Disease." By Solomon C. Fuller, M.D., and Henry I. Klopp, M.D.
- XV. "A Case of Huntingdon's Chorea with Late Onset." By Solomon C. Fuller, M.D., and John F. Lovell, M.D., Senior Assistant Physician, Westborough State Hospital.

Boston State Hospital.

The superintendent mentions —

(a) Field work in heredity.

(b) Occupation therapy.

The pathologist, Dr. M. M. Canavan, comments on her European trip and work.

The report of the director of the psychopathic department mentions —

(a) Reference of many minors for diagnosis of mental defect.

(b) Number of "unclassified" and "not insane" cases.

(c) Daily staff meetings, open to medical visitors.

(d) High percentage of syphilis (20-30 in acute material).

(e) Out-patient department.

(f) Investigations (see conclusions of this report).

State Infirmery.

The trustees mention the necessity of a clinical and pathological laboratory. The lack of adequate laboratory, now repeatedly recommended by the trustees and superintendent, approaches a medical scandal in the mind of the writer. It is again in point to quote from the 1910 report of the State Board of Charity.

The fifth State hospital, that at Tewksbury, affords a scope for research such as would seldom be met with throughout the country. This institution treats every disease except leprosy, taking annually between 5,000 and 6,000 sick persons under its care. The opportunity is worthy the mettle of our best scientists. The State Infirmery is a hospital that might, and in time should, have an eminent department of pathology. Such a development, of course, would require first-rate laboratory equipment and numerous autopsies. Laboratory equipment is expensive, and might be a gradual growth.

Monson State Hospital.

The trustees mention —

(a) The "Study of Heredity in Epilepsy," by Dr. Flood and Miss Marion Collins, field worker in eugenics.

(b) Laboratory work carried on by Dr. Hodskins.

Bridgewater State Hospital.

A room has been equipped for laboratory purposes. It would be matter for congratulation if this should develop in the course of years into a laboratory seriously undertaking the important problems that lie at the borderland of insanity and crime.

McLean Hospital.

On the clinical side of the department the work has been conducted along the lines mentioned in previous reports. The ideal held before one in history taking and in record making is to describe the patient's total reaction to his total environment. Thus one describes the normal as well as the abnormal reactions of the patient, in that way giving a better balanced picture of the whole individual. This makes long records, which inevitably contain some unnecessary material and leave out some desirable data, and so fall short of the ideal. Nevertheless, the principle seems to be the safest guide to that middle way which neither overvalues on the one hand nor neglects on the other such factors as heredity, make-up, early or late experiences, physical shocks or stresses, physical injuries, diseases or toxmæias, fatigue, etc., but keeps the balance true among them all. . . .

In the chemical laboratory the usual routine work has been carried on and the research work on the occurrence of alkylamines in body fluids has been continued. A method for the determination of the surface tension of liquids for biological purposes was worked out, the results of which should at the present time be in the hands of the publishers.

In the psychological laboratory the year marked the appearance of the work of Woodworth and Wells on standardizing the association experiments which they had carried on for some years as a subcommittee of the American Psychological Association. There was also completed a study of the relation of certain mental capacities to their improvability under special training, the conclusions of which emphasize the determining influences of inborn, constitutional factors in these respects. As some of the subjects in this investigation remained accessible for a long time afterwards, the exceptional opportunity was utilized for some measurements of the retention of practice through considerable intervals. The effort towards the quantitative determination of reaction types in the free association experiment yielded especially satisfactory results. With

the co-operation of Dr. Abbot numerous observations of galvanic reactions were made, though the present type of instrument has been superseded for psychological work and is now hardly applicable scientifically (considerations of cost have hindered its replacement). A number of patients were also observed, in connection with other problems, whose data are not ready for presentation.

In respect to general laboratory policy the period has been a transitional one. It becomes increasingly probable that the conventional armamentarium of experimental psychology confines its usefulness to clinical observation, and its significance is here also more apt to be misunderstood than in its application to normal individuals. This applies particularly where highly individualized study is necessitated by therapeutic considerations. Under the existing conditions one can scarcely look for progress save in the extreme refinement of experimental methods applied to special problems in selected cases (where the factor of co-operation is much in the background), or to more thorough and systematic observation of the mental life history in pathological cases and their gradations into normal characters, for when it is observed intelligently enough and objectively enough to be correctly interpreted, the voluntary behavior of a person in actual life is a much more valid criterion of mental balance than that under the artificial and externally inconsequential conditions of the laboratory.

The following papers have been published during the year:—

- Dr. Abbot and Dr. Bond. "A Comparison of Personal Characteristics in Dementia Præcox and Manic-depressive Psychosis." *American Journal of Insanity*.
- Dr. Pease. "A Note on the Prognostic Value of Hallucinations in the Manic-depressive Psychoses." *American Journal of Insanity*.
- Dr. Wells. "The Relation of Practice to Individual Differences." *American Journal of Psychology*. "Association Tests." Woodworth and Wells (*Psychological Monographs*). "Critique of Impure Reason." *Journal of Abnormal Psychology*. "Question of Association Types." *Psychological Review*. "The Association Experiment," review. *Psychological Bulletin*. "Ueber Nervöse Entartung," review. *American Journal of Insanity*. "Ossip-Lourie's 'Le Langage et la Verbomanie'," review. *Journal of Philosophy, Psychology and Scientific Methods*. "Fatigue," review. *Psychological Bulletin*.
- Miss Jones. "State Control of State Hospital Libraries." *American Journal of Insanity*. "Library Work among the Insane." *Bulletin of the American Library Association*.

SPECIAL INVESTIGATIONS, 1912.

The scope of the special investigations pursued by the pathologist to the Board is prescribed by paragraph 7, section 1, chapter 430, Acts of 1912, as dealing with "*the nature, causes, results and treatment*

of mental diseases and defects.” The work of 1912 is in part a continuation of the work of 1911, which was briefly described on pages 34-36 of the State Board’s annual report for 1911 under the following headings: *Encephalitis and mental disease and defects, convulsions in children, nervous diseases of children and their bearing on later mental defect, Wassermann syphilis tests, general paresis and the Wassermann test, photographic study of brains (especially normal-looking brains).*

The work of 1912 has been carried out on these and certain new lines which may be considered under the following headings: *After-effects of acute diseases of the nervous system, demonstration of a new arm of mental prophylaxis, Binet-Simon tests showing irregular mental defect demanding special auditory or visual education, exceptional children, psychopathology, application of Wassermann test for syphilis to asylum cases, symptom-index of general application, geographical distribution of insanity as bearing on eugenics, extension of the work in brain photography (dementia præcox).*

Aside from the work of the pathologist as director of the investigations, fifteen persons, including six physicians and three other specialized workers, were employed in various parts of the investigation. Fortunately, the work of 1912 could be carried on without the serious time-limitations which hampered the work of 1911, and all future work under this provision can be thoroughly co-ordinated.

Following is a brief summary of the chief results of the investigations of 1912: —

After-effects of Acute Diseases of the Nervous System.

The work begun by Drs. W. P. Lucas and E. E. Southard under the 1911 fund has been continued by Drs. W. P. Lucas and V. V. Anderson. For their work, the out-patient department of the new Psychopathic Hospital was used as a basis of operations. The records of children’s wards in local hospitals were searched, and every effort made to discover and investigate the results of prior disease in these subjects, now adolescent or grown up. As a result, a *new arm of prophylaxis in mental hygiene* has been developed, permitting society to do what private practitioners can hardly ever do, namely, adopt a constructive program of seeking in the community those whom counsel and protection can help. The cases in question either came voluntarily or were brought willingly by their parents for examination. Binet-Simon tests were carried out with the cases, and important observations made concerning

Irregular Intellectual Defects

especially resulting from congenital syphilis. The results of these tests suggested *special education*, and even prescribed the nature of of such education (auditory, visual) in certain cases. Similar observations have been communicated to the writer by Dr. William Healy, director of the Juvenile Psychopathic Institute of Chicago. The work thus initiated by the special fund is to be continued in the Psychopathic Hospital by its own officers.

The Value of Psychopathological Work

was demonstrated by the employment of a psychologist, Dr. L. E. Emerson, to investigate certain special cases at the Psychopathic Hospital, and an estimate made of the amount of time necessary for this work. Some apparent "cures" were made which will form the subject of special notes in the course of preparation for publication. The Psychopathic Hospital has since put Dr. Emerson on its staff as an aid to diagnosis and therapeutics under medical supervision.

Application of the Wassermann Test

to asylum cases was made possible through the work of two physicians under the supervision of Dr. W. P. Lucas. The correlation of Danvers material by Dr. H. L. Paine of the Danvers staff had previously shown that the routine of Essex County cases was running over 20 per cent. positive sera by the Wassermann test. Of course this percentage was far from indicating that all the mental phenomena in these positive cases could be traced to syphilis. Moreover, the Danvers material included general paresis cases in which the relation to syphilis was already clear. It became desirable to learn what amount of residual syphilis could be found in asylum (*i.e.*, technically in Massachusetts chronic "transfer") cases. An extensive inquiry gave about 5 per cent. positive sera in Worcester Asylum material, to which we had access by courtesy of Dr. H. L. Stick.

The More General Application of Wassermann Tests

on admission of our patients is indicated both by the Danvers and Worcester series, but also by the general Boston admissions which at times run as high as 30 per cent. positive sera. Important therapeutic work is suggested by these results; for, if the Wassermann-positive serum indicates in some sense active syphilis, the condition would seem to demand therapeutic attention for the possible amelioration, if not the cure, of certain mental sequelæ of syphilis.

A Symptom-index for Use in Insane Hospital Records

is well under way as a result of bibliographical work done, under the pathologist's direction, by Dr. J. S. Van Telaar. This index will be based upon the accredited or classical symptoms found in the works of Kraepelin, Wernicke, Ziehen, as well as of Janet and Freud and of the English and American writers. It is a development of a similar but incomplete index used for some years at the Danvers State Hospital. A card catalogue in connection with this index will permit the hospital officers to gather immediately a collection of cases having or alleged to have had a given symptom. The work involved in keeping up such an index and catalogue is small, and the value of such inventorial records is large in connection with staff-conferences.

The Geographical Distribution of Insanity in Massachusetts

has been made the subject of two communications by the pathologist, before the American Breeders' Association (eugenics section), Washington, 1911, and the International Congress of Hygiene (section on demography), Washington, 1912. Work indicating the desirability of special sociological surveys has been done this year (island counties and a particular focus in Worcester County). Now that this work has been shown to be of value, the Eugenics Record Office directors have voted to spend a sum of money on the work, which will relieve the State of prosecuting these particular surveys.

Brain Studies

are perhaps the most important branch of work undertaken under the present investigations. The work became so voluminous as well as promising that Dr. Annie E. Taft, formerly pathologist at Monson State Hospital, was appointed special investigator for the work. The brains which have been studied by uniform photographic and metric methods at present number 282, and form one of the most considerable collections available anywhere in the world. The brains are stored under proper conditions in the particular institution from which they are derived (Danvers State Hospital, Boston State Hospital, Monson State Hospital and the North Grove Street Morgue). The brains include those of normal and criminal subjects (by courtesy of Dr. G. B. Magrath, medical examiner for Suffolk County), insane subjects and epileptic subjects. The definite problems of 1911 and 1912 dealt with (a) the development of a *method* for determining the relative complexity of the convolutional pattern; (b) preliminary

comparisons between the brains of *insane and epileptic subjects*, with the object of explaining the apparent greater simplicity of the latter; (c) preliminary comparisons between the brains just mentioned and those of *normal subjects* (medicolegal material), so that the group of insane subjects whose brains present the normal complexity of pattern may be separated from those with simpler brains. Work under way deals further with the *dementia præcox problem* in the endeavor to settle, from the convolutional standpoint, whether the victims of dementia præcox start with normally developed brains at birth. Publications are in preparation which deal with this work.

The Courtesy of Co-operation

with the pathologist's work has been shown by all the institutions mentioned above; but special mention should be made of the advantage of co-operation with the medical examiner's department in the brain investigations just noted.

The Initiation of New Work

which shall aid the State service, so far as it deals with insanity and allied defects, is a special province of this branch of the State Board's work. In fact, the provision of funds for such purposes is an execution of the provisions of section 6, chapter 504, Acts of 1909, according to which the State Board shall "*encourage scientific investigation by the medical staffs of the various institutions under its supervision*" and "*publish from time to time bulletins and reports of the scientific and clinical work done therein.*" The work thus begun is already being carried out by various institutions as a part of their own work. As mentioned above, the Eugenics Record Office is to provide for a continuation of other work thus begun; and it is hoped that public bodies dealing with mental hygiene will take up the suggestions concerning constructive prophylaxis mentioned above.

An appropriation for the continuance of this work is highly desirable.

TO SUM UP.

Advances have been made in —

(1) The determination of the syphilis factor (Wassermann serum tests at Boston, Danvers, Taunton, Tewksbury, Worcester). Acute material of that of the Psychopathic Hospital or the admission service at Danvers, yields 20-30 per cent. syphilis.

(2) Establishment of the desirability, if not the absolute necessity, of routine serum tests for syphilis (Danvers, Psychopathic Hospital).

(3) Heredity studies (Boston, Monson, Danvers, Taunton).

(4) After-effects of acute diseases of the nervous system (State Board).

(5) New arm of prophylaxis (investigation in the community of late results of acute disease of the nervous system as recorded in children's hospital records, State Board).

(6) Psychiatric symptom-index for general use (in preparation, State Board).

(7) Geographical distribution of insanity in Massachusetts (State Board).

(8) Systematic study of brain anatomy in dementia præcox (State Board, using material of several institutions by courtesy).

(9) Method for quantitating the degree of complexity of convolutional pattern on brains (State Board).

(10) Active and extended correlation of laboratory and clinical aims and ideals (Danvers, Worcester, Psychopathic Hospital).

(11) Standardization of association tests (Wells, at McLean Hospital).

(12) Chemical studies (Erdmann, McLean Hospital).

(13) Analysis of personality (Abbot and Bond, McLean Hospital).

(14) Dysentery problem (Orton, at Worcester Hospital).

(15) Issuance of series of papers in honor of Drs. H. M. Quimby of Worcester State Hospital and G. S. Adams of Westborough State Hospital.

(16) Organization of the Psychopathic Hospital with work under way as follows: —

(a) Correlation of Wassermann tests with clinical and somatic conditions (W. P. Lucas).

(b) Routine study of the blood picture in various types of mental disease (O. W. Grisier).

(c) Acidosis in mental disease (D. Gregg).

(d) Treatment of symptomatic psychoses (E. E. Southard).

(e) Lowering and raising of the feradic threshold by Prof. E. G. Martin's method (Mr. Grabfield, voluntary worker).

(f) Study of pellagroid conditions with ultra violet rays in rabbits (H. M. Adler).

(g) Study of neurolysis by fatty acids (H. M. Adler).

(h) Statistical study of delusions bearing on the Wernicke classification (A. W. Stearns).

(i) Meaning and range of the Binet-Simon tests and the Healy tests for mental and motor capacity (V. V. Anderson).

(j) Structure versus function in psychopathology based on analysis of available anatomical material, Danvers and Worcester collections (E. E. Southard).

(k) Differentiation of alcoholic mental diseases in the light of the provision of the law excluding cases of delirium tremens (A. W. Stearns).

(l) Studies in eugenics bearing on the problem of interplay of hereditary and somatic factors (W. P. Lucas and Anna E. Steffens).

Respectfully submitted,

E. E. SOUTHARD,

Pathologist.

INTERNATIONAL CONGRESS ON HYGIENE AND DEMOGRAPHY.

In September the Fifteenth International Congress on Hygiene and Demography was held in Washington, D. C. A special section on mental hygiene was a feature of this great meeting, attended by representatives from most of the civilized nations of the world. To this section the State Board of Insanity sent an exhibit. The contribution comprised 91 different exhibits showing features of the care of the insane, feeble-minded and epileptic in Massachusetts. There were statistical charts showing the number of institutions, number of patients, the admissions for a series of years, with comparison of cost, etc.; a study of the accumulation of inmates in our institutions, of the nativity of first admissions, of deaths, of the ratio of first admissions by counties, etc. There was also a series of photographs illustrating the evolution of hospital buildings in Massachusetts from the construction of the McLean Hospital in 1818 to the recent cottage and colony types. The family care system was illustrated. In addition there were many photographs showing the development of industries in our institutions, both indoors and out, including the traveling exhibit which has been going the rounds of the hospitals. A series of photographs and plans of the psychopathic hospitals of the world formed another part of this exhibit, which included photographs and full plans of the new Boston Psychopathic Hospital. This exhibit was sent from Washington to New York to form a part of an educational exhibit held by the national committee on mental hygiene. It will be held together for a time to be used in our own State if the occasion should arise.

TRAINING SCHOOLS FOR NURSES.

At the end of the hospital year there were 549 women pupils and 84 men pupils in the Training Schools for Nurses connected with the public institutions under the supervision of the Board. Of these eleven training schools, the course is compulsory for the female nurses in eight and optional in the other three. At present the course is compulsory for men in but two, although several offer men certain opportunities for instruction.

Four of the hospitals now have affiliations with other institutions which permit the training school pupils to get a larger experience than the one school affords. Two other schools continue to offer a limited amount of work in private homes, under supervision, as a part of their course of training.

The curriculum in these schools is being constantly improved. Three hospitals have added classes in industrial occupation, others have added lectures on dietetics, on social work, on the dispensation of drugs, and on materia medica, while in one school the course has been extended six months.

In twelve institutions there were 75 married couples in the nursing force. As yet, however, there are but four institutions that furnish accommodations for married couples which make anything like home or family life possible, and these to but a limited extent. It is still believed that further provision in this direction would add much to the stability and quality of the nursing service and so to the fundamental excellence of the institution.

The character of applicants for positions as nurses and attendants is generally reported to be without special change. Two superintendents feel that the quality is inferior, two others that the men applicants are inferior, and yet two others that the women applicants are better. The importance of continued effort to make the conditions of the nurse's work and of his or her environment as attractive as possible can hardly be overestimated as a means of retaining the capable, ambitious and faithful nurses in the service.

OCCUPATION AND DIVERSION.

In 1911 the Legislature authorized the Board to employ a supervisor who should have charge of the instruction of nurses, attendants and patients in various kinds of occupations. Under

the direction of the Board, Dr. Mary Lawson Neff has had charge of this department during the year. She reports as follows: —

The first special undertaking of the year was the developing of an educational exhibit, which has visited eight hospitals, remaining at each from three to four weeks. It is now at the Worcester Hospital. The articles in this exhibit were collected in most instances from the State institutions of Massachusetts. In addition, there are represented four New York hospitals and other institutions in Pennsylvania, New Jersey, Maryland, Connecticut, Rhode Island, Illinois and Michigan. The exhibits were selected for their educational value, in order to illustrate as far as practicable all the desirable activities that had actually been successfully carried out in some institution. The articles were classified, labeled, mounted on cards, in booklets and in other suitable ways, and formed into a logically developed whole. This exhibit has been visited by considerably more than 2,000 employees and visitors from outside the hospitals. About an equal number of patients have been taken to see it.

The effect on the nurses has been to destroy at once and entirely their preconceived idea that there were very few things that patients could do. They have gained practical ideas as to methods, as to the best use of available equipment, and the best way of stimulating the interest of the patient. Several have volunteered work in this department.

The effect on the patients has been of very great interest. Their self-respect has been noticeably increased. They have frequently shown an interest in some form of work that they had not previously been known to be capable of, and many have been stimulated to take an interest in some new activity. A number of voluntary contributions have been added to the exhibit by the patients themselves.

A special register for patients is kept at each hospital in which are recorded the remarks they make when brought to see the exhibit. This remains with the occupation supervisor and contains many helpful hints.

Another department has been the giving of lectures to the nurses. For this purpose, parts of a course in applied psychology which had been previously developed have been used, proving most helpful in giving the nurses the right attitude towards this work. Six lectures have been given at Danvers; four at Worcester Asylum; three each at Taunton, Westborough and Medfield, and one at the Boston hospital.

A conference in regard to occupational therapy was held during the first week in November. This was an unqualified success. Nearly 100 persons were in attendance, including superintendents, members of the various staffs, supervisors, occupation supervisors, superintendents of nurses, nurses and attendants, with a few interested people from outside, including one from another State. The interest shown amounted to enthusiasm, and several interesting developments have followed this conference. The most noteworthy of these, perhaps, is that one super-

intendent of nurses has of her own initiative added to the work of the senior year in the Training School ten two-hour demonstrations in arts and crafts. Several of these have already been given, and this course is hereafter to form a permanent part of the nurses' training.

One of the first practical problems was the securing of suitable employees to carry on this work. Several of the superintendents arranged with Dr. Fernald, of the School for the Feeble-minded at Waverley, to send nurses there for special training. Some remained but a few days. Two, however, took a three weeks' course and have proved most valuable workers. There are eleven regular supervisors of occupation work already appointed, and four or five positions are waiting to be filled. This, of course, does not include Gardner, Waverley and Wrentham, where the work was already fully organized, nor Tewksbury, where the insane patients get the benefit of industrial organization in other departments.

Quite a little attention has been given to the developing of an occupation program on each ward to supplement the gathering together of a comparatively small group of patients in an industrial room. These two lines of development need to be kept abreast of each other. It sometimes happens that the patients who can be occupied are all taken off the ward, leaving it in greater desolation than before. A small group of interested workers on each ward has a great educational value.

The introduction of card catalogues for ward use, recording the interests and aptitudes of each patient, has been started in five institutions. With this system, when the head nurse is changed, the information does not go with her; and when the patient is transferred the information *does* go with her, facilitating greatly her being fitted into her new surroundings. The interest of the nurses is stimulated by this simple device, when they see that it is worth while to individualize their patients, and that their efforts will become a matter of record. When transfers take place from institution to institution, these cards are even more useful, lessening the confusion incident to the readjustment, and making the experience less trying to the patient.

Some beginnings have been made in dividing the larger problem into departments, and doing intensive work in each. At Westborough three weeks were devoted to the problems of the acute service; at Danvers, methods for the occupation of mild chronic cases were made a specialty; and at Taunton, attention was directed to the devising of occupations useful for the disturbed class of patients. Each aspect of this work must be approached from a different point of view.

In the acute wards the work must hold the attention strongly, must employ bright colors, and attractive materials, and require movements not too closely co-ordinated. It must also bring quick results. The equipment cannot include scissors, sharp crochet needles, etc., so that here the limitations are marked. On the violent wards there is need of much motor expression, and each patient must be individually studied. The value of the product cannot be considered. Educational plays

are of great service here in preparing the patient for other activities later.

On the mild chronic service, the problem is not so much one requiring psychological insight as resourcefulness in providing a variety of work, and enough nurses to take the lead.

In this connection it may be remarked that the economic gain, which is a by-product of this occupation movement, is very great. This is well shown in the case of one hospital where, when special activity along these lines was begun some two years ago, there were 4 disturbed wards, employing 17 attendants. These are now replaced by 3 orderly and industrious wards, employing 13 attendants. The saving in laundry, destruction of clothing, furniture, etc., is also more than a negligible quantity.

The ultimate plan for each hospital is that it should have the three things essential to successful work, — an occupation staff, an occupation equipment, and an occupation schedule. A beginning in this direction has been made in every institution in the State, and in some the progress has been remarkably rapid.

COMMITMENTS FOR OBSERVATION AND TEMPORARY CARE FOR THE WHOLE STATE.

The number of commitments for observation (under section 43, chapter 504, Acts of 1909) was 64 for the year. The period designated by the judges in the various cases was usually thirty days. One was committed for three months, 9 for two months, 45 for one month, 2 for twenty days, 1 for fifteen days, 1 for ten days and in five cases there was no time limit.

Of these cases, 26 were subsequently committed, 6 signed voluntary requests for continued hospital residence, 26 were discharged and 6 were remaining at close of year. Of the 26 discharged, 4 were reported recovered, 2 capable of self-support, 4 improved, 4 not improved and 12 not insane.

Under chapter 307 of the Acts of 1910, requiring that emergency cases which come into the care or protection of the police in Boston be taken to the Boston State Hospital for temporary care, and forbidding the use of prisons, jails or penal institutions for such persons, 344 were taken to the Boston State Hospital. Of these, 212 were subsequently regularly committed, 102 were discharged, 4 died and 15 were returned to institutions.

Three were admitted for temporary care under section 44 of chapter 504, Acts of 1909. All of these were subsequently committed.

There were 7 admissions under section 34, chapter 504, of the Acts of 1909, which provides for the apprehension of a patient before examination and commitment. Three of these were subsequently committed and 3 discharged, 2 as not insane and 1 as not improved.

Under chapter 395 of the Acts of 1911, 416 cases were admitted, of whom 300 were subsequently committed, 1 was committed for observation under section 43, 71 were discharged, 37 were received under the voluntary status, 2 were returned to institutions, and 1 patient, absent on visit from a State institution, was allowed to remain at the Boston hospital, transfer papers being issued.

ADMISSIONS UNDER —

	Section 34, Chapter 504, Acts of 1909 (Apprehension of Alleged Insane Person).	Section 43, Chapter 504, Acts of 1909 (for Observation).	Section 44, Chapter 504, Acts of 1909 (for Temporary Care).	Chapter 307, Acts of 1910 (for Temporary Care, Boston Hospital).	Chapter 395, ¹ Acts of 1911 (for Temporary Care).	Section 45, Chapter 504, Acts of 1909 (for Voluntary Care).
Admitted during year,	7	64	3	344	416	414
Discharged,	3	26		102	71	216
On visit,						30
On escape,						2
Died, . . .				4		12
Regularly committed,	3	26	3	212	300	16
Committed for observation,					1	
Admitted voluntarily,		6			37	
Returned to institutions,				15	2	
Transferred to other institutions,					1	3
Remaining Sept. 30, 1912,	1	6	-	11	4	135

¹ Does not require a physician's certificate and takes the place of section 44, chapter 504, Acts of 1909.

It is to be noted with interest that during the year covered by the report there were 414 voluntary admissions, 416 under chapter 395, Acts of 1911, 344 under chapter 307, Acts of 1910, and 3 under section 44, chapter 504, Acts of 1909, making a total of 1,177 patients, or 32.71 per cent. of all the admissions (except inebriates) to our institutions for the insane, without any action

of the court or judge or other very formal proceeding. Of these 1,177 cases thus admitted, 389 were discharged without commitment, 16 died before commitment, 37 signed voluntary requests, and 135 voluntary patients continued their stay in the voluntary status, no commitment being considered necessary, making a total of 577 persons who secured the benefits of treatment in our public or private hospitals for the insane without the formality of a procedure before a judge, and which would have thus been attended with delays, legal exactions, semi-publicity and the stigma of having been pronounced insane, all of which was thus obviated, to the comfort and satisfaction of the patients and friends.

THE STABILITY OF SERVICE

in the institutions averages about the same as the previous year. There were 2.48 rotations of all employees, compared with 2.49 rotations the previous year; 2.76 in the nursing staff, compared with 2.84 the previous year. The maximum stability for the whole service was at the Foxborough Hospital, where there were only 1.69 rotations; and for the nursing staff, at the same institution, where there were 2.23 rotations.

The average length of the interval between rotations of all employees was 4.91 months; of all nurses, 4.41 months; men nurses, 3.74 months; women nurses, 5.04 months.

The average shortage of employees was 10.71 per cent.

Rotation in Service of Persons employed in Institutions during the Fiscal Year ending Nov. 30, 1912.

INSTITUTIONS.	WARD SERVICE.						WHOLE SERVICE.		
	MALES.			FEMALES.			TOTALS.		
	Average Number of Nurses.	Number Different Persons.	Rotations.	Average Number of Nurses.	Number Different Persons.	Rotations.	Average Number of All Employees.	Number Different Persons employed.	Rotations.
The insane: —									
State hospitals: —									
Worcester,	85	376	4 423	97	313	3 226	182	334	3 014
Taunton,	70	257	3 671	72	189	2 625	142	270	2 337
Northampton,	35	88	2 514	44	101	2 295	79	156	1 942
Danvers,	62	163	2 629	81	158	1 950	143	283	2 459
Westborough,	77	230	2 987	105	226	2 152	182	325	2 464
Boston, ¹	64	212	3 312	108	213	1 972	172	300	2 453
Totals,	393	1,326	3 374	507	1,200	2 366	900	1,608	2 502
State asylums: —									
Worcester,	62	266	4 290	69	152	2 202	131	281	2 701
Medfield,	72	190	2 639	115	305	2 652	187	359	2 551
Gardner Colony,	39	129	3 307	20	47	2 350	59	123	2 300
Totals,	173	585	3 381	204	504	2 471	377	763	2 566
Totals, hospitals and asylums,	566	1,911	3 376	711	1,704	2 396	1,277	2,431	2 522
Miscellaneous: —									
Monson Hospital,	40	102	2 550	49	131	2 673	89	183	2 393
Foxborough Hospital,	20	46	2 300	1	1	1 000	21	79	1 696
School for Feeble-minded at Wal-									
tham,	22	59	2 681	140	324	2 314	162	261	2 268
Wrentham School,	2	5	2 500	31	89	2 870	33	62	3 032
Totals,	84	212	2 523	221	545	2 466	305	585	2 311
Aggregates,	650	2,123	3 266	932	2,249	2 413	1,582	3,016	2 481

¹ Includes psychopathic department.

THE CAPACITY FOR PATIENTS

in all the institutions Dec. 1, 1912, was 14,756, compared with 14,432 the previous year, an increase of 324 beds. The whole number of patients in them was 15,437, compared with 14,709 the previous year, an increase of 728. Hence there is a deficiency of provision for 681 patients, or 4.61 per cent.

THE CAPACITY FOR THE INSANE

in State institutions Dec. 1, 1912, was 11,980, an increase of 324 beds. The whole number of patients in them was 12,428, compared with 11,960 the previous year, an increase of 468. Hence there is a deficiency of provision for 448 patients, or 3.74 per cent.

Work was in progress at the close of the year or appropriations had been granted for 544 new beds for the insane, and 273 beds for the feeble-minded, a total of 817 prospective beds, compared with 130 the previous year. These will become available for the coming year.

Working Capacities of Institutions.

INSTITUTIONS.	WORKING CAPACITIES, 1912.				
	MALES.		FEMALES.		TOTALS.
	Dec. 1, 1912.	Increase for the Year.	Dec. 1, 1912.	Increase for the Year.	
The insane: —					
State hospitals: —					
Worcester,	648	2	641	3 ¹	1,289
Taunton,	579	—	494	—	1,073
Northampton,	426	—	393	1	819
Danvers,	583	—	783	9	1,366
Westborough,	518	7	683	—	1,201
Boston, ²	494	59	660	58	1,154
Totals,	3,248	68	3,654	65	6,902
State asylum: —					
Worcester,	607	54	612	53	1,219
Medfield,	637	—	905	1 ¹	1,542
Gardner Colony,	423	30	227	3 ¹	650
Totals,	1,667	284	1,744	49	3,411
Hospitals and asylums,	4,915	152	5,398	114	10,313
Mental wards, State Infirmary,	177	—	496	—	673
Bridgewater Hospital,	798	58	—	—	798
Foxborough Hospital (insane),	196	—	—	—	196
Totals,	1,171	58	496	—	1,667
Total insane,	6,086	210	5,894	114	11,980
Miscellaneous: —					
Monson Hospital,	432	—	421	—	853
Foxborough Hospital (incurable),	103	—	—	—	103
School for the Feeble-minded at Waltham,	898	—	542	—	1,440
Wrentham School,	185	—	195	—	380
Totals,	1,618	—	1,158	—	2,776
Aggregates,	7,704	210	7,052	114	14,756
Totals,					324

¹ Decrease.² Includes psychopathic department.

Working Capacities of Institutions — Concluded.

INSTITUTIONS.	NUMBER OF PATIENTS DEC. 1, 1912.			Increase for the Year.	EXCESS OF PATIENTS.			
	Males.	Females.	Totals.		Number of Males.	Number of Females.	TOTALS.	
							Number.	Percentage.
The insane:— State hospitals:— Worcester, Taunton, Northampton, Danvers, Westborough, Boston, ² Totals,	638 602 443 619 511 544 3,357	668 514 406 808 725 724 3,845	1,306 1,116 849 1,427 1,236 1,268 7,202	46 ¹ 133 29 ¹ 26 ¹ 98 392 522	10 ¹ 23 17 36 7 ¹ 50 109	27 20 13 25 35 64 191	17 43 30 61 42 114 300	1 32 4 01 3 66 4 47 2 91 9 88 4 35
State asylums:— Worcester, Medfield, Gardner Colony, Totals, Hospitals and asylums, Mental wards, State Infirmary, Bridgewater Hospital, Foxborough Hospital (insane), Totals, Total insane,	547 739 425 1,711 5,068 207 777 193 1,177 6,245	599 960 258 1,817 5,662 521 — — 521 6,183	1,146 1,699 683 3,528 10,730 728 777 193 1,698 12,428	52 ¹ 7 ¹ 20 39 ¹ 483 11 ¹ 24 28 ¹ 15 ¹ 468	60 ¹ 102 2 44 153 30 21 ¹ 3 ¹ 6 159	13 ¹ 55 31 73 264 25 — — 25 289	73 ¹ 157 33 117 417 55 21 ¹ 3 ¹ 31 448	5 99 ¹ 10 18 5 08 3 43 4 04 8 17 2 63 ¹ 1 53 ¹ 1 86 3 74
Miscellaneous:— Monson Hospital, Foxborough Hospital (inebriate), School for the Feeble-minded at Waltham, Wrentham School, Totals, Aggregates,	459 211 887 189 1,746 7,991	439 — 599 225 1,263 7,446	898 211 1,486 414 3,009 15,437	36 31 55 138 260 728	27 108 11 ¹ 4 128 287	18 — 57 30 105 394	45 108 46 34 233 681	5 28 104 85 3 10 8 95 8 39 4 61

¹ Decrease.² Includes psychopathic department.

THE PUBLIC INSTITUTIONS.

WORCESTER STATE HOSPITAL.

Opened in January, 1833. Present capacity, 1,289; decrease for the year, 1.

Valuation of plant, per capita of capacity, \$1,645; real estate, \$1,516; personal, \$129.

Daily average number of patients, 1,360; decrease for the year, 16.

Number Oct. 1, 1912, 1,300.

All commitments, 512; decrease for the year, 21.

Commitments as insane, 486; decrease for the year, 30.

First cases of insanity, 384; 79.01 per cent.

Voluntary admissions, 12.

Emergency commitments, 2.

Temporary care admissions, 42.

Commitments as inebriate, 7.

First Cases of Insanity.

Native-born patients, 50.27 per cent.; mothers, 29.71 per cent.; fathers, 29.55 per cent.

Age sixty years or over, 24.21 per cent.

Resident in cities or large towns, 79.17 per cent.; country districts, 20.83 per cent.

Previous duration of insanity, under six months, 43.57 per cent.

Curable forms of insanity, 20.31 per cent.

Causes: congenital, 10.42 per cent.; hereditary, 23.70 per cent.; alcoholic, 17.45 per cent.; senility, 5.99 per cent.; coarse brain lesions, 14.58 per cent.; syphilis, 6.25 per cent.

Recoveries of the Insane.

Whole number, 75; 12.80 per cent. of commitments.

Recoveries of first cases of insanity, 57; 14.84 per cent. of first cases.

Recoveries in curable group A, 56; 71.79 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 142; 7.73 per cent. of whole number of persons treated.

Curable forms of mental disease present in 11.27 per cent.; tuberculosis in 3.52 per cent.; senile insanity in 23.94 per cent.; general paralysis in 24.65 per cent.; coarse brain lesions in 7.04 per cent.

Finances.

Expenditures from maintenance funds, \$316,495; total receipts, \$73,509; being \$43,353 from private patients, \$21,065 from reimbursing patients, \$9,091 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.37.

Weekly per capita cost of whole service, \$1.84; ward service, \$0.73.

One person employed for every 4.04 patients; 1 nurse for every 7.42 patients.

Average monthly wage for all persons employed, \$32.25; for nurses, \$23.68; men, \$24.84; women, \$22.67.

Extract from Superintendent's Annual Report.

During the year an effort has been made to improve the care and attention given to the acute male service. A special ward has been set apart in order to still further assist in classification. This ward has been placed in charge of a female graduate nurse. Although this arrangement has been in operation for only a few months of the year, the more hospital-like surroundings, and the greater degree of personal attention made possible, have seemed to do much to quiet the patient and to allay his suspicions. There is a greater degree of comfort and a lessened amount of disorder and violence. In many cases improvement and recovery seem to have been hastened. I am very sure that it would be profitable to place other wards of the male service under the direction of female nurses. . . .

With the general broadening of the activities of the institution, the abolition of restraint, and the giving of greater personal attention to patients, I have found it necessary not only to increase the number of persons employed, but to change somewhat the scope of operations of certain special departments. The more purely medical work has been reorganized. An assistant is to be furnished to the pathologist, enabling him to take up, also, the direction of the clinical work. This will more fully co-ordinate the clinical and the research work of the laboratory in

a way that will be beneficial to both. Staff meetings are held daily at which patients are presented and their cases studied. Once each week different persons present a review of the recent medical literature bearing on our specialty. Once each week the pathologist gives an evening lecture in the laboratory. The increased facilities for study and observation which will result to the staff, it is believed, will render the service more attractive to earnest and capable medical men, and it is hoped will to some extent counterbalance the inadequate salaries which have hitherto been offered. The higher salaries of adjoining communities have created a serious obstacle to securing and retaining in the service the full complement of medical men. This financial defect should be remedied. . . .

A beginning has been made in out-of-door work for women, which it is proposed to enlarge and extend as rapidly as feasible. The general work of the departments has continued as before. The patients now, with the direction and assistance of paid employees, manufacture all of our bed linen, all of the women's cotton underwear, all of the women's wrappers and all table linen and towels. In the special industrial room a vast amount of fancywork, basketry and rugs is produced. In a short time broom, brush and basket making and cabinet work will be established as occupational diversions for men. In the tailor shop male patients are employed in the repairing and manufacture of men's clothing. In this same department shoe and harness repairing is done. Patients also aid in the manufacture of mattresses and draperies. . . .

Upon no one agency are we more dependent than upon the corps of employees. How necessary, then, that we not only secure competent and faithful persons, but make the conditions of living such that good men and good women will remain in the service. Increased accommodations are needed for both men and women. I recommend that an appropriation of \$17,350 be asked for the erection and furnishing of two cottages for employees, the lower story of which in each can be occupied by a man and his family, with rooms for other employees on the upper floor. Each cottage will furnish accommodation for 10 employees.

TAUNTON STATE HOSPITAL.

Opened in April, 1854. Present capacity, 1,073.

Valuation of plant, per capita of capacity, \$921; real estate, \$785; personal, \$136.

Daily average number of patients, 1,034; increase for the year, 31.

Number Oct. 1, 1912, 1,103.

All commitments, 527; increase for the year, 110.

Commitments as insane, 520; increase for the year, 112.

First cases of insanity, 424; 81.54 per cent.

Voluntary admissions, 7.

Emergency commitments, none.

Temporary care admissions, 50.

Commitments as inebriate, 1.

First Cases of Insanity.

Native-born patients, 50.36 per cent.; mothers, 34.26 per cent.; fathers, 33.08 per cent.

Age sixty years or over, 23.44 per cent.

Resident in cities or large towns, 68.63 per cent.; country districts, 31.37 per cent.

Previous duration of insanity, under six months, 58.77 per cent.

Curable forms of insanity, 13.21 per cent.

Causes: congenital, 4.25 per cent.; hereditary, 16.04 per cent.; alcoholic, 16.51 per cent.; senility, 11.56 per cent.; coarse brain lesions, 6.37 per cent.; syphilis, 1.65 per cent.

Recoveries of the Insane.

Whole number, 46; 11.89 per cent. of commitments.

Recoveries of first cases of insanity, 37; 8.73 per cent. of first cases.

Recoveries in curable group A, 22; 39.29 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 172; 11.41 per cent. of whole number of persons treated.

Curable forms of mental disease present in 5.23 per cent.; tuberculosis in 9.88 per cent.; senile insanity in 26.74 per cent.; general paralysis in 15.70 per cent.; coarse brain lesions in 11.63 per cent.

Finances.

Expenditures from maintenance funds, \$254,888; total receipts, \$39,323; being \$23,182 from private patients, \$14,341 from reimbursing patients, \$1,800 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.62.

Weekly per capita cost of whole service, \$1.98; ward service, \$0.83.

One person employed for every 3.89 patients.

One nurse for every 7.39 patients.

Average monthly wage for all persons employed, \$33.43; for nurses, \$26.71; men, \$29.12; women, \$24.35.

Extract from Superintendent's Annual Report.

Training has now been required of all women for three years and of all men for two years; and instead of increasing our burdens and trials it has been a help. It has kept away a number of applicants who would otherwise have been employed, but that has really been an advantage, as we have thus secured a larger proportion of earnest young men and women, while past experience teaches us that many of those thus kept away would not have been of benefit to us in the long run. Moreover, a greater interest and enthusiasm has been shown in the school and in hospital work generally, and the general standard of efficiency has been perceptibly raised during that same period. In the annual report for last year the fact was recorded that our school had become affiliated with the training school of the Boston City Hospital. Between April 1, 1911, and the present time, 20 nurses have served the required six months' period at the Boston City Hospital, and all have completed their services with an honorable record. There were 3 whose work and conduct were noted as "above criticism;" 6 whose rating was over 90 per cent., and 12 who were rated as "excellent" in general standing. Certainly a very creditable record.

Realizing that the work is just begun and that permanent results can only be obtained by persistent and continuous endeavor, we trust that all concerned will work harder and with greater zeal, if possible, to further this great work.

This year, Dr. Stedman of the Board of Trustees, offers as a private donation a prize of \$25 to that member of the graduating class of nurses who, during the entire period of hospital service, shall have shown the greatest efficiency in the way of *personal interest in, and individual care of*, his or her charges.

Another friend of the school also offers as a private donation a prize of \$25 to that member of the graduating class of nurses who, during the entire period of hospital service, shall have shown the greatest general improvement.

At no time in the history of the school have the pupils shown as much genuine school feeling and as great interest in their work as at present, and we urge one and all to give us all the encouragement possible.

For the past year the Brown infirmary (for men) has been in charge of a woman supervisor, a graduate of our training school, class of 1911. During the same period the two lower floors have been managed by women nurses with the assistance of one man nurse, as in the men's wards in general hospitals.

This change, which was an experiment as far as this hospital is concerned, has been a success, and indicates that a further extension is feasible. . . .

As in former years we have in a few cases sent medical officers to visit dismissed patients in their homes and also to obtain needed information. But the work is sufficiently important to be extended and systematized. Miss Wilhemina Marshall, a field worker, from the Eugenics Office, Cold Spring Harbor, Long Island, N. Y., began a six months' service in this institution Oct. 1, 1912. Her work has been of necessity largely the study of heredity and environment of certain patients, but she has also rendered in connection with this work useful service in investigating home conditions of certain patients, indicating how helpful a field worker may be.

NORTHAMPTON STATE HOSPITAL.

Opened in August, 1858. Present capacity, 819; increase for the year, 1.

Valuation of plant, per capita of capacity, \$1,243; real estate, \$1,115; personal, \$128.

Daily average number of patients, 897; increase for the year, 14. Number Oct. 1, 1912, 872.

All commitments, 347; decrease for the year, 14.

Commitments as insane, 334; decrease for the year, 10.

First cases of insanity, 271; 81.14 per cent.

Voluntary admissions, 19.

Emergency commitments, none.

Temporary care admissions, 34.

Commitments as inebriate, 3.

First Cases of Insanity.

Native-born patients, 57.78 per cent.; mothers, 35.50 per cent.; fathers, 35.88 per cent.

Age sixty years or over, 21.77 per cent.

Resident in cities or large towns, 76.01 per cent.; country districts, 23.99 per cent.

Previous duration of insanity, under six months, 58.05 per cent.

Curable forms of insanity, 29.89 per cent.

Causes: congenital, 34.32 per cent.; hereditary, 17.71 per cent.; alcoholic, 24.72 per cent.; senility, 14.39 per cent.; coarse brain lesions, 7.01 per cent.; syphilis, 0.74 per cent.

Recoveries of the Insane.

Whole number, 51; 15.27 per cent. of commitments.

Recoveries of first cases of insanity, 39; 14.39 per cent. of first cases.

Recoveries in curable group A, 33; 40.74 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 93; 7.51 per cent. of whole number of persons treated.

Curable forms of mental disease present in 9.68 per cent.; tuberculosis in 12.90 per cent.; senile insanity in 41.94 per cent.; general paralysis in 7.53 per cent.; coarse brain lesions in 10.75 per cent.

Finances.

Expenditures from maintenance funds, \$182,639; total receipts, \$51,953; being \$35,788 from private patients, \$14,689 from reimbursing patients, \$1,476 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.90.

Weekly per capita cost of whole service, \$1.48; ward service, \$0.59.

One person employed for every 5.70 patients; 1 nurse for every 11.35 patients.

Average monthly wage for all persons employed, \$36.78; for nurses, \$29.25; men, \$31.10; women, \$27.76.

Extract from Superintendent's Annual Report.

For fifteen months we have been working along the lines suggested in our reports of last year and the year before, whereby we can keep in better touch with patients who are away from the hospital. Dr. Whitney, who was appointed to this service, is peculiarly fitted for it because of her previous long connection with the hospital as assistant physician. Her work, which has proven the wisdom of the undertaking, has been advantageous to the hospital, to the patients who are away from the hospital, and to the public. She has not restricted her work to those who are or who have at some time been patients of the hospital, but has visited and advised others, thus combining the duties of field worker with those of social service worker.

Much of her work has been devoted to the placing of patients in family care. From 1905, when hospitals were first permitted to board patients in private families, to Oct. 1, 1911, we had placed 33 patients in family care, in addition to those so boarded out by the State Board of Insanity. Following the engagement of Dr. Whitney we have made efforts to increase the number so cared for. At the beginning of the year there were 10 women boarded out, which number was increased by 18 women and 2 men, making a total for the year of 30 in private families under hospital supervision.

When suitable patients and good homes for them can be found, this system works well. During the year only 4 patients had to be brought back to the hospital, 3 of these because of illness of the patient, 1 because she became too disturbed mentally to remain away.

Four of those in family care are self-supporting, that is, they earn their board by helping in the families with whom they live; all are partially self-supporting and one is earning his board and \$15 a month as a farm laborer. The discharge of the latter from hospital supervision is being considered.

We feel that we have made a good beginning and hope that as the system is better understood by relatives of the patients and by the public we may be able to place a much larger number in family care.

We have learned that there are serious hindrances to the placing out of as large a number as is thought possible by sanguine advocates of the system who have had little practical experience. First, we have always tried to persuade the relatives to take to their own homes patients who would otherwise be suitable for boarding out. This limits the selection of cases to a comparatively small number. Then comes the difficulty of finding suitable homes and of fitting patients and homes to each other. Dr. Whitney visited 29 families who had applied for patients. Eight of these were rejected as unsuitable because of untidy conditions of the house; 5 because the homes were inaccessible; and 3 because of unfitness of the families to care for patients.

Of the families who were selected as suitable, 9 wrote to us later refusing to take patients, giving various reasons, such as the low rate of board paid, a preference for State children, and fear of the insane by some member of the family. The families that apply for boarders wish to take them for the board money they will receive or for the help the patient will give in the house or on the farm.

Many of the friends of patients object to their being boarded away from the hospital, at least till more fully understanding the purpose and learning some of the results in similar cases. As this was being written a letter was received from a man protesting against our placing his mother in a family. He feared that his mother might be placed in an isolated locality inconvenient for visitation, or that she might not be treated as well as she is in the hospital. He writes, "While I fully realize that it would be to your interest to place her in a respectable family, I

feel that their only interest would be the consideration for which she was boarded." Others express the fear that the patient will not be as happy and as comfortable as at the hospital; and others, still, that they themselves will be subjected to criticism for not taking the patients home instead of allowing strangers to care for them. Then, also, some of the patients object, and several have refused to go to places selected for them. They think they will be less comfortable or will have to work hard or will miss the companionships formed at the hospital. They dislike leaving the comforts of the hospital for unknown conditions. Some object to going anywhere except to their own homes or to their own supervision of themselves, saying that if they are well enough to work for others they can work and care for themselves. It is to be said, however, that most of the patients who are placed out soon become contented in their new surroundings.

Dr. Whitney made 64 visits to 43 patients who were absent from the hospital on visits, 4 of whom were advised to return to the hospital for further observation. Three of these remained a few days and were again discharged on visit and 1 still remains in the hospital.

One old lady was found tied in bed. Her relatives claimed ignorance of the law regarding restraint of insane persons, and as the patient was otherwise well cared for, on their promise not to offend again she was transferred to boarding out. She is frequently visited by one of our physicians and has since been doing very well.

Another patient's visit was once renewed and at her own request she was then boarded out that she might continue under hospital supervision.

In many cases advice as to occupation, food, recreation, etc., was given, and in some cases prescriptions have been given to patients who appeared in need of them. In these cases patients and relatives have appeared grateful for the interest taken in them, and some benefit has been derived. In several cases the relatives of patients who were still in the hospital were visited and a report of the patients' condition was made to them. It has pleased them that the hospital should manifest such interest, and has created a feeling of confidence in the management.

The condition of 10 patients prior to commitment was investigated. Many individuals who might be acquainted with the patients were visited and questioned. Facts leading to the deportation of two cases were ascertained and facts concerning the previous history of the entire number were learned.

In 9 cases the homes of relatives applying for the discharge of patients who were not fully recovered were visited. In several cases the surroundings were found to be such that it was considered advisable for the patient to remain in the hospital. Poverty and squalid, unhygienic surroundings probably would have caused a speedy relapse in the patient's mental condition. The inability of the persons who would have the care of these cases to supervise them was also taken into consideration, and in several cases discharge was refused.

Application for the removal of a tubercular patient was made by her sister. Investigation showed that a family of 9 were living in a 5-room tenement, where the kitchen was the only heated room and was the living apartment of the family. It received no sunshine. The patient would have slept in a room with 3 other persons, sharing a bed with one of them. This family of 9 were dependent upon 3 wage-earners whose combined earnings were insufficient to care for them properly.

In a case where a return to her own home was inadvisable, a temporary home with relatives, who secured employment for the patient, was arranged.

The mother of a feeble-minded boy applied for his discharge. A visit showed that the mother with another son, who was confined to bed with rheumatism for six months, and a feeble-minded daughter, were living together in two rooms which were indescribably squalid. The daughter worked in a mill and the mother did day work, so could not supervise the patient during the day. Discharge of the patient was refused because he had been intemperate and, as no work could be obtained for him, he would become a menace to the community.

In 4 cases relatives were advised that the patient should be given a trial outside the hospital; work was secured for two men who were discharged; homes were secured for two women who have since done well. None of these home conditions could have been easily learned except through the personal visits of a social worker.

DANVERS STATE HOSPITAL.

Opened in May, 1878. Present capacity, 1,366; increase for the year, 9.

Valuation of plant, per capita of capacity, \$1,353; real estate, \$1,244; personal, \$109.

Daily average number of patients, 1,452.

Number Oct. 1, 1912, 1,412.

All commitments, 515; decrease for the year, 66.

Commitments as insane, 505; decrease for the year, 68.

First cases of insanity, 397; 78.61 per cent.

Voluntary admissions, 22.

Emergency commitments, none.

Temporary-care admissions, 63.

Commitments as inebriate, 7.

First Cases of Insanity.

Native-born patients, 55.58 per cent.; mothers, 30.73 per cent.; fathers, 27.96 per cent.

Age sixty years or over, 19.75 per cent.

Resident in cities or large towns, 83.88 per cent.; country districts, 16.12 per cent.

Previous duration of insanity, under six months, 51.92 per cent.

Curable forms of insanity, 26.95 per cent.

Causes: congenital, 1.51 per cent.; hereditary, 15.37 per cent.; alcoholic, 17.63 per cent.; senility, 7.05 per cent.; coarse brain lesions, 5.54 per cent.; syphilis, 8.82 per cent.

. Recoveries of the Insane.

Whole number, 66; 13.07 per cent. of commitments.

Recoveries of first cases of insanity, 49; 12.34 per cent. of first cases.

Recoveries in curable group A, 39; 36.45 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 168; 8.47 per cent. of whole number of persons treated.

Curable forms of mental disease present in 5.95 per cent.; tuberculosis in 8.33 per cent.; senile insanity in 14.29 per cent.; general paralysis in 23.81 per cent.; coarse brain lesions in 19.64 per cent.

Finances.

Expenditures from maintenance funds, \$344,749; total receipts, \$64,011; being \$35,068 from private patients, \$25,195 from reimbursing patients, \$3,748 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.53.

Weekly per capita cost of whole service, \$1.91; ward service, \$0.62.

One person employed for every 5.11 patients; 1 nurse for every 10.12 patients.

Average monthly wage for all persons employed, \$42.32; for nurses, \$27.27; men, \$29.76; women, \$25.37.

Extract from Superintendent's Annual Report.

First commitments to any hospital formed, 78.5 per cent. of the admissions, while about 86 per cent. were first admissions to this hospital. It is interesting to note the changed attitude towards State hospitals as indicated by the short duration of mental disease before admission in so

large a number of our patients. The assigned causes of the mental trouble, so far as could be ascertained, were chiefly due to alcohol, heredity, syphilis, senility and arteriosclerosis. . . .

Special effort has been put forth to provide useful work for all patients physically able, and the noisy, disturbed patients have been given outdoor work with the result that our wards are more quiet at night. Except in a few instances patients are no longer locked in their rooms at night.

For some time women nurses have been employed on one of our male wards, where all patients, because of sickness and old age, are confined to bed. . . .

In regard to hospital records and the study of cases, the superintendent says:—

Considered of more importance than this rather formal summary are the running notes which follow the schedule, — day of admission, three days after, one week after, every two weeks for two months, and then every month for six months, all of these records being headed by a short summary. In case of accident, escape, discharge, transfer from ward to ward, or sudden change of condition, notes are made at once. Among the running notes are the field worker's reports of the patients' home surroundings, also occupation and condition of those out on visits. In the running notes are found the results of the Wasserman examination, which, since May, has been made upon the blood of every patient admitted, and on the spinal fluid of every case where syphilis is suspected or the test of the blood found positive. In the preparation of these extensive clinical notes dictating machines have proven to be of great value. The staff meetings are held regularly each morning at 8 o'clock. All admissions and all discharges come before the physicians and superintendent. A stenographer is present, and a verbatim report of questions and answers is recorded in the running notes. For some months the custom has prevailed of having the completed clinical records in the hands of the clinical director at least two days before presentation of the case at the staff meeting. This permits of an opportunity to check off on the symptom index the various symptoms manifested, and to examine the records for any omissions. The symptom index runs back to the beginning of the hospital in 1878. For some time a written invitation has been sent to the examining physicians, and more especially to the family physician, if his name can be ascertained, to attend the staff meeting at which the patient in whom he is interested will be presented. It is gratifying to note the co-operation on the part of the physicians in the district which this hospital serves, as indicated by their interest in attending our staff meetings. From them we secure much valuable information regarding the patient and home conditions, and they are given

an opportunity to observe closely the methods of the hospital to which they send their patients. We are indebted to Dr. Davenport of the Eugenics Record Office for the gratuitous services of a field worker for one year. This period ended October 1, and Miss Ruth Moxcey, who held the position, was engaged for one year. Her work is now directed from the hospital, and instead of devoting a large amount of time investigating a few selected cases she now secures information regarding each admission, and unless of unusual interest limits her charts to two or three generations. Equally valuable to the hospital are her observations of the home conditions of each patient. She is provided with a list of patients away from the hospital on trial visits, and after-care calls are made to ascertain how the patients are getting along. All of this information is incorporated in the clinical records of the case investigated. When patients leave the hospital they are urged to report in person from time to time, when the physicians may note their condition. Because of the limited number of calls that can be made by the field worker, letters are written at regular intervals to the parties into whose care the patients go when they leave the hospital, to ascertain the condition of the patients. . . . In direct instances of the 466 individuals interviewed for definite assistance, as well as other members of family groups met during the interview, there have been questions asked concerning the work of the eugenics field worker. These questions have invariably met with frank answers. The attitude of the public thus met has been one of interest, frequently intelligent, and with few exceptions most friendly. If the hospital is to keep abreast with the advances being made in the care of the mentally sick, more physicians are necessary. With a larger staff patients could be given more individual attention and study. The employment of at least three more physicians is recommended, one of whom, a woman physician, should reside at the colony, which, in so far as possible, has been made an independent unit.

WESTBOROUGH STATE HOSPITAL.

Opened in December, 1886. Present capacity, 1,201; increase for the year, 7.

Valuation of plant, per capita of capacity, \$854; real estate, \$723; personal, \$131.

Daily average number of patients, 1,190; increase for the year, 92.

Number Oct. 1, 1912, 1,237.

All commitments, 540; decrease for the year, 18.

Commitments as insane, 494; decrease for the year, 24.

First cases of insanity, 376; 76.11 per cent.

Voluntary admissions, 58.

Emergency commitments, 3.

Temporary-care admissions, 44.

Commitments as inebriate, 28.

First Cases of Insanity.

Native-born patients, 63.83 per cent.; mothers, 41.60 per cent.; fathers, 41.88 per cent.

Age sixty years or over, 19.95 per cent.

Resident in cities or large towns, 72.61 per cent.; country districts, 27.39 per cent.

Previous duration of insanity, under six months, 53.53 per cent.

Curable forms of insanity, 28.72 per cent.

Causes: congenital, 5.85 per cent.; hereditary, 14.63 per cent.; alcoholic, 9.57 per cent.; senility, 8.24 per cent.; coarse brain lesions, 4.79 per cent.; syphilis, 4.52 per cent.

Recoveries of the Insane.

Whole number, 107; 21.66 per cent. of commitments.

Recoveries of first cases of insanity, 71; 18.88 per cent. of first cases.

Recoveries in curable group A, 50; 46.30 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 140; 8.43 per cent. of whole number of persons treated.

Curable forms of mental disease present in 5 per cent.; tuberculosis in 11.43 per cent.; senile insanity in 22.86 per cent.; general paralysis in 20 per cent.; coarse brain lesions in 16.43 per cent.

Finances.

Expenditures from maintenance funds, \$310,734; total receipts, \$82,774; being \$65,658 from private patients, \$14,587 from reimbursing patients, \$2,529 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.91.

Weekly per capita cost of whole service, \$2.13; ward service, \$0.90.

One person employed for every 3.72 patients; 1 nurse for every 6.62 patients.

Average monthly wage for all persons employed, \$34.38; for nurses, \$25.84; men, \$28.90; women, \$23.59.

Extract from Superintendent's Annual Report.

In the treatment of patients we have endeavored to continue along the same lines which have been so successful in past years.

The acute service has been continued with good results. The buildings and equipment for the segregation of the acute cases from the chronic still commend themselves. The out-of-door treatment for the new acute cases, I believe, is second only to hydrotherapy in its value. I believe every ward should be provided with large porch areas, whether on an acute or chronic service. . . .

Occupation, in the treatment of the insane, is now recognized as of more value than ever. We are making every effort to induce our patients to occupy themselves profitably and to bring them diversion. At the Warren colony 97 per cent. of the patients are working. This represents the high-water mark, except for the small group at the Heath colony, where all the patients are employed. The impetus for occupation in the acute service, especially among the women, has been very gratifying. They have there a club, called the Optimist Club, which is controlled by the patients. They elect their own president and have charge of the occupation and entertainment in that group. They have also given concerts in the chapel for the benefit of the other patients. At the present time one of the number is giving instruction in bookbinding to other patients two days in the week; another is instructing her fellow-patients in leather tooling. Every afternoon finds some form of occupation or entertainment among the patients in the convalescent acute service, different patients being responsible for different details each day.

The laundry connected with the female colony on Heath hill continues to do all the work there, and also a large part of the personal laundry for the male patients at Warren and Richmond colonies. All of this work is hand work and well done. A loom, and also a stocking machine, have been placed in this group. Last summer the patients cultivated a small garden, and did some grading about the building, although it must be confessed that the women did not take very kindly to the grading, only a few of them showing any interest.

From the Richmond colony for men we obtain most of our farm workers, and, in addition, they have there a shoe shop, and repair all the shoes for the hospital.

On the chronic female service occupation has been started and is being pushed in order to keep busy the idle, demented class who are otherwise destructive and quarrelsome. This has met with no small measure of success.

The most difficult class of patients to deal with, from an occupation basis, are the private patients, who feel they should not be expected to work. It is not necessary for them to work and it is beneath them, as paying patients, to do anything in that line. Many of them are unwilling to occupy themselves even with tasks of their own. . . .

Realizing the need of a field worker in connection with the hospital, arrangements have been made with Dr. Guibord, formerly a member of the staff, to carry out some work along this line. While the study of eugenics, and the hereditary tendencies, are of great interest and service, nevertheless, there is also a large field, not to be neglected, in which we keep the family in touch with the institution and with the patients by looking up the environment from which a patient comes and to which a recovered or improved case goes out.

BOSTON STATE HOSPITAL.

Opened in December, 1839. Present capacity, 1,154; increase for the year, 117.

Valuation of plant, per capita of capacity, \$1,902; real estate, \$1,779; personal, \$123.

Daily average number of patients, 1,015; increase for the year, 162.

Number Oct. 1, 1912, 1,236.

All commitments, 970; increase for the year, 301.

Commitments as insane, 651; increase for the year, 218.

First cases of insanity, 540; 82.95 per cent.

Voluntary admissions, 93.

Emergency commitments, 10.

Temporary-care admissions, 545.

Commitments as inebriate, 1.

First Cases of Insanity.

Native-born patients, 54.83 per cent.; mothers, 26.02 per cent.; fathers, 24.59 per cent.

Age sixty years or over, 19.48 per cent.

Resident in cities or large towns, 98.89 per cent.; country districts, 1.11 per cent.

Previous duration of insanity, under six months, 47.49 per cent.

Curable forms of insanity, 23.15 per cent.

Causes: congenital, 1.67 per cent.; hereditary, 18.89 per cent.; alcoholic, 19.08 per cent.; senility, 10 per cent.; coarse brain lesions, 6.11 per cent.; syphilis, 11.85 per cent.

Recoveries of the Insane.

Whole number, 87; 13.36 per cent. of commitments.

Recoveries of first cases of insanity, 58; 10.74 per cent. of first cases.

Recoveries in curable group A, 50; 40 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 145; 8.88 per cent. of whole number of persons treated.

Curable forms of mental disease present in 9.66 per cent.; tuberculosis in 12.41 per cent.; senile insanity in 24.83 per cent.; general paralysis in 17.93 per cent.; coarse brain lesions in 14.48 per cent.

Finances.¹

Expenditures from maintenance funds, \$305,933; total receipts, \$29,299; being \$19,157 from private patients, \$9,347 from reimbursing patients, \$795 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$5.42.

Weekly per capita cost of whole service, \$2.46; ward service, \$1.

One person employed for every 3.60 patients; 1 nurse for every 6.28 patients.

Average monthly wage for all persons employed, \$38.44; for nurses, \$27.30; men, \$29.96; women, \$25.72.

Extract from Superintendent's Annual Report.

The general health of our population, aside from conditions incidental to their disorders, has been good throughout the year. We have not been visited by any epidemic, and have been fortunate in having no communicable disease introduced, with the exception of one case of typhoid fever, from which resulted the infection of a nurse. The strictest observance of hygienic measures cannot protect against occasional infection from without, in view of our liberal policy regarding visiting of patients, which is permitted daily, including Sunday, and allows access of friends to the wards or rooms in most cases, and also the privilege of bringing fruit and other eatables to the patients. Notwithstanding the element of possible danger, it is believed that this policy is right, since it serves the convenience of the public, gives satisfaction to patients, and promotes

¹ Includes psychopathic department.

good feeling and confidence in the hospital among those who have relatives and friends in our care.

Among measures of treatment, emphasis has continued to be placed on occupation therapy. The men's industrial shops were moved from the basement of Fisher building to much better quarters in the new infirmary basement, which is dry, light and airy, and contains more space for the workers and apparatus. Continuing the lines of work mentioned in previous reports, others have been added, both in the men's and the women's work rooms, — making laundry and farm baskets, netting laundry bags, weaving toweling and curtain material, knitting stockings, etc. Weaving on light looms, of which we now have six, occupies a number of patients in the industrial rooms and also in the wards, and the same is true of rug making on frames and of basketry, which are as suitable for ward occupations as sewing. . . .

Hydrotherapy, in many cases combined with massage, is systematically administered by trained operators under direction of the physicians in our well-equipped treatment rooms in Butler building, which have more than justified the expense of their equipment and maintenance and have come to be used more and more as the efficacy of these measures is demonstrated by gratifying results. . . .

The Training School,

like other departments in the hospital, is experiencing a rapid expansion in size, which has this season necessitated the division of the classes into sections, with consequent doubling of the work of the lecturers and instructors. The school graduated its first male pupil this year, and several other men have reached the senior class, with evidence of capacity and interest warranting the expectation that we can yearly add to our male nursing force a few well-trained graduates, until at least every charge position will be filled with competent and experienced men whom we shall seek to retain by giving them better pay. The new quarters for the men, soon to be available, should do much to render the hospital service more attractive.

Extract from Director's Annual Report (Psychopathic Department).

It is important to note that the Boston State Hospital in 1911 (the year preceding the opening of the Psychopathic Hospital) received in all but 762 patients, of whom 433 were regular commitments exclusive of temporary cases, transfers and returns from visit. The Psychopathic Hospital, on the other hand, has received at a rate exceeding 1,200 per annum during the period available for statistical study. . . .

A novel feature in the new Psychopathic Hospital service is the very frequent reference of minors for diagnosis of mental defect. Sometimes the diagnosis can be rendered without prolonged observation, merely by out-patient examinations. But, especially in certain juvenile court

cases, a period of observation on the wards has proved of value. No greater public service can be rendered at this juncture than the speedy and accurate diagnosis of all grades of feeble-mindedness and especially the slighter degrees ("morons"). It is safe to say that our experience with referred cases will shortly prove the necessity of having resident psychiatrists in those training schools and reformatories which harbor considerable numbers of these morons.

It is to be observed that many cases (30) which have eventually to be classified as delirium tremens do in some way get admitted to the Psychopathic Hospital, as to the Butler wards before the Psychopathic Hospital was opened. A still larger number of cases (54) of the allied disease, alcoholic hallucinosis, are admitted under the temporary-care law. The latter or hallucinosis group is not specifically excluded by law (as is the delirium tremens group) from admission. It is probably true that the Psychopathic Hospital is somewhat better able to take care of both these groups of cases than any other local institution, but it is also true that these cases are taken care of at the expense of the nonalcoholic insane, occupying the beds of persons falling more strictly under the authority of the State Board of Insanity. Common humanity and mistaken diagnoses account for most of our admissions of delirium tremens cases.

It would seem that a Boston branch of the State hospital for dipso-maniacs should be strongly considered by the proper authorities, and that not only the delirium tremens cases but many other somewhat curable cases of alcoholic psychosis might well be classified at such a branch. . . .

By a system of daily staff meetings of one hour's duration, 12 M. — 1 P.M., the various members of the staff are led to a clear definition of their various opinions. A contentious spirit has been encouraged. The dicta of the prevailing psychiatric schools are quoted in connection with the cases which are presented, both in record form and in person. Numerous medical visitors, both from Boston and from a distance, have attended these staff meetings. . . .

Not only are the major distinctions of recent psychiatric literature kept in mind, but the Psychopathic Hospital is distinguished by the degree of attention leveled at bodily conditions. The value of routine Wassermann examinations of the blood serum, to establish the question of previous syphilitic infection, has been convincingly proved to every one associated with the clinic, and it seems unquestionable that all the insane hospitals of the State must get the benefit of routine Wassermann examinations if they are to single out the great number of mental diseases produced or modified by syphilis.

Doubtless the percentage of syphilis demonstrable in asylum material may rarely run over 10 per cent., but the acute material of the active hospitals may yield a percentage somewhere between 20 and 30 under the present conditions of society. Certain leads in therapy are thereby indicated.

More than ordinary attention is given to routine examination of the blood and of the urine, and especial attention is given to the examination, by a variety of methods, of the cerebro-spinal fluid in cases where blood serum has proved by the Wassermann method a pre-existent syphilis. . . .

Attention may be called to the fact that there have been a considerable number of patients that were proved to be "not insane" (30 in the statistical year, 1912). Great benefit accrues to the hospital atmosphere from the presence of these normal cases, for no patient can be sure in the presence of another patient whether that other patient is sane or insane. The existence on the wards of cases who, although of the high-grade imbecile or "moron" type, are to all intents and purposes sane from the standpoint of the medical atmosphere, adds to the impression which should gain ground, that the Psychopathic Hospital is not merely an institution for persons already declared insane. By admitting cases of hysteria, of epilepsy and border-line cases we shall secure something of the effect of the well-known German psychiatric clinics which are often known as "mental and nervous clinics," and indeed possess a number of beds expressly for nervous patients. So good is the social attitude in the German-speaking countries toward this association of nervous and mental patients that no objection is raised thereto. Our Psychopathic Hospital is going a step farther still in its endeavor to create the atmosphere of the general hospital for all the patients.

Note may be made concerning the value of the X-ray department in the early detection of patients' injuries and in certain problems of diagnosis. Much attention is to be given to the question of the diagnosis of skull conditions which often have a considerable bearing upon diagnosis (pituitary gland disorder, frontal osteosis, etc.).

A number of investigations are already under way, especially into mental changes produced or modified by syphilis and alcohol, into certain problems in psychoanalysis and dream analysis, and into the value of the various modern tests for mental defect. . . .

The out-patient department has been especially successful, although yet not formally opened. Social agencies of various descriptions, particularly those dealing with children and adolescents, have hastened to send their problems to the Psychopathic Hospital. . . .

There can be no doubt that the work of the out-patient department upon the diagnosis of the various grades, — especially of the higher grades of imbecility, — upon juvenile court problems, upon sex problems connected with adolescence, upon incipient cases of insanity and cases of fear of insanity, upon speech disorder and, most important of all, upon after-care and prophylactic work in connection with house cases amply justifies its existence. It was intended that the work should begin and develop gradually, but the amount of obviously good work which could be done without at all venturing into dubious fields of social research has entailed rapid development. Paid officers must be relied on for the

elaborate, time-consuming work which is at the basis of success in such departments, and already there are signs that other non-paid and voluntary officers will be available to help in extending the clinic. . . .

The institution is run upon the non-restraint principle. The number and accessibility of the prolonged baths (12 standing in readiness for regular use and 6 others which can be used in emergency in parts of the hospital where excited patients are not as a rule placed) have certainly robbed excited states of much of their terror. The point of importance is so to manage the nursing service that the prolonged baths can readily be employed, if need be, during the night. . . .

A good set of photographic apparatus has been installed, which will enable portraits, facial expressions and attitudes of patients, specimens, photomicrographs, enlargements, X-ray photographs, etc., to be collected for record or investigation. . . .

The work of investigation, which was one of the primary objects in the establishment of the Psychopathic Hospital, is hardly under way as yet by reason of the difficulties of organization, of installation of apparatus received, and of delays in receipt of apparatus. . . .

In addition to these more set and limited investigations, the range of application of the social service work in connection with after-care and prophylaxis, eugenics and the intramural "companionship" problems is being subject to careful examination from the out-patients' department as a center.

Ten addresses and talks before various societies and associations have been given by the director and the chief of staff upon the Psychopathic Hospital and the social and scientific investigations made in connection therewith.

WORCESTER STATE ASYLUM.

Opened in October, 1877. Present capacity, 1,219; increase for the year, 107.

Valuation of plant, per capita of capacity, \$1,023; real estate, \$918; personal, \$105.

Daily average number of patients, 1,181; increase for the year, 65.

Number Oct. 1, 1912, 1,150.

Admitted by transfer 42; decrease for the year, 113.

Deaths of the Insane.

Whole number, 48; 3.89 per cent. of whole number of persons treated.

Tuberculosis was present in 18.75 per cent.; senile insanity in 8.33 per cent.; general paralysis in 2.08 per cent.

Finances.

Expenditures from maintenance funds, \$269,492; total receipts, \$9,145; being \$6,860 from reimbursing patients, \$2,285 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.37.

Weekly per capita cost of whole service, \$1.83; ward service, \$0.65.

One person employed for every 4.17 patients; 1 nurse for every 8.94 patients.

Average monthly wage for all persons employed, \$33.12; for nurses, \$25.23; men, \$26.83; women, \$23.76.

Extract from Superintendent's Annual Report.

This institution has no social worker, but during the year we have placed several of our cases in private families. These places are first inspected by one of our physicians, who makes a report as to their fitness. Visits are made at irregular intervals to see how the patient is getting along and how well he is cared for. In this way we have been able to follow a small number, though we hope for an increased number next year.

During the past year the rotation of our employees has been about the same as the previous year, — a little over twice. We have improved their general surroundings, given them shorter working hours, made the course of training more varied, and yet this has not helped to lessen the rotation over that of previous years. I believe that if the compensation for attendants and nurses were made more uniform in the different institutions, and possibly a little higher in the asylums and the hospitals, this constant change from one place to another might be decreased. . . .

Last year and the year previous the total number of inmates employed with some occupation or other was but 60 per cent. of the whole, — 73 per cent. of the males and 47 per cent. of the females, — while this year 74.11 per cent. were employed, — 70.56 per cent. of the males and 77.66 per cent. of the females, — showing an increase of 14 per cent. over that of last year. . . .

At the asylum we have started an industrial room for male patients, where mats and baskets are made, chair-caning and other work is done. A room for the female patients has been fitted up at the asylum in the middle center portico, and at the colony in the north end of the Larches basement, where much interesting work is being accomplished. These places are in charge of two nurses who have had special training for this work. We hope to demonstrate the therapeutic value of work or occupa-

tion in cases that apparently have been either too demented or excitable and who are the disturbing factors on the wards. This work has been of the greatest value in lessening the amount of destruction, as well as noisiness and excitement, on the wards.

MEDFIELD STATE ASYLUM.

Opened in May, 1896. Present capacity, 1,542; decrease for the year, 1.

Valuation of plant, per capita of capacity, \$1,130; real estate, \$1,039; personal, \$91.

Daily average number of patients, 1,705; decrease for the year, 24.

Number Oct. 1, 1912, 1,721.

Admitted by transfer, 234; increase for the year, 72.

Deaths of the Insane.

Whole number, 119; 6.05 per cent. of whole number of persons treated.

Tuberculosis was present in 20.17 per cent.

Finances.

Expenditures from maintenance funds, \$351,066; total receipts, \$13,943; being \$12,136 from reimbursing patients, \$1,807 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.94.

Weekly per capita cost of whole service, \$1.57; ward service, \$0.67.

One person employed for every 4.75 patients; 1 nurse for every 9.13 patients.

Average monthly wage for all persons employed, \$32.39; for nurses, \$26.71; men, \$30.11; women, \$24.60.

Extract from Superintendent's Annual Report.

The daily average number of patients was not as high as last year, but the movement of population has been greater. A larger number of patients have been discharged to the care of their friends. The State agent has also removed a larger number for boarding out in families than he has in previous years. Two patients recovered. Eight were discharged as improved and 11 not improved. The number of deaths has been high, amounting to 6 per cent. of the number of cases under treatment. In

August an epidemic of bacillary dysentery made its appearance and persisted until the last of November. The number of deaths from this cause was 14, and death resulted in the older and weaker cases only.

The effort to employ more patients each year has been continued, and under the direction of an industrial supervisor much has been accomplished. Several new lines of employment have been developed and have resulted in practical benefit to the patients and the institution. Weaving and the manufacture of boots and shoes are two of the most notable efforts. Probably nothing has proved of more value to the institution than the using up of waste in several ways, and the employment of both men and women in the cleaning, mending and repairing of old clothing.

All of the attendants now are upon a ten-hour basis. It is too early yet to note the improvement which will result from this change, but I feel confident that sooner or later a great improvement will be evident. . . .

There have been no changes in the medical staff, and I wish to record my gratitude for the continued interest and enthusiasm of the assistant physicians, also the effort they have made in developing industries and giving their personal attention to this side of asylum work. Something has also been done in physical exercises for advanced cases of dementia for both men and women. These are being taught to play soccer ball, and other games that can be used for exercises will be added.

GARDNER STATE COLONY.

Opened in October, 1902. Present capacity, 650; increase for the year, 27.

Valuation of plant, per capita of capacity, \$959; real estate, \$820; personal, \$139.

Daily average number of patients, 671; increase for the year, 18.
Number Oct. 1, 1912, 686.

Admitted by transfer, 71; increase for the year, 2.

Deaths of the Insane.

Whole number, 11; 1.47 per cent. of whole number of persons treated.

Tuberculosis was present in 36.36 per cent.

Finances.

Expenditures from maintenance funds, \$133,479; total receipts, \$4,450; being \$1,060 from reimbursing patients, \$3,390 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.72.

Weekly per capita cost of whole service, \$1.54; ward service, \$0.53.

One person employed for every 5.46 patients; 1 nurse for every 11.34 patients.

Average monthly wage for all persons employed, \$36.51; for nurses, \$26.18; men, \$28.95; women, \$20.59:

Extract from Superintendent's Annual Report.

The general health of our patients has been good during the past year, and we have had no outbreak of any contagious disease. We regret that we have found a number of cases of tubercular trouble. It will soon be necessary to provide suitable buildings for this class. Again we urge that more of the recent cases of dementia præcox be sent to the colony, so that we can by re-educational methods discover how much this apparent dementia may be averted and to what extent these cases may be developed. It is our aim to conduct the colony more on the lines followed out in the best schools for the feeble-minded, — systematic instruction in industries as well as amusements and recreation, with suitable rewards. . . .

Our patients in our industrial buildings make shoes, clothing, furniture, brushes, brooms, stockings, door mats, caps, straw hats, farm baskets, rugs of all varieties, reed and raffia baskets and all varieties of embroidery and fancywork. We have recently started a toy department in our men's industrial building which is very popular and provides work for several men.

Our braided rug industry provides work for some of our apparently most demented women, and there is a demand for all we produce.

It is our aim to make our products as good as can be made, and we think we are becoming quite successful.

One patient raises guinea pigs, and this year the returns to the colony have been more than the cost of his care.

MENTAL WARDS, STATE INFIRMARY.

Opened in October, 1866. Present capacity, 673.

Valuation of plant, per capita of capacity, \$790; real estate, \$670; personal, \$120.

Daily average number of patients, 733; decrease for the year, 6.
Number Oct. 1, 1912, 728.

Commitments as insane, 65; decrease for the year, 20.

First cases of insanity, 56; 86.15 per cent.

Admitted by transfer, 51; decrease for the year, 35.

First Cases of Insanity.

Native-born patients, 28.57 per cent.; mothers, 9.43 per cent.; fathers, 11.32 per cent.

Age sixty years or over, 25 per cent.

Resident in cities or large towns, 92.86 per cent.; country districts, 7.14 per cent.

Previous duration of insanity, under six months, 44.44 per cent.

Curable forms of insanity, 7.14 per cent.

Causes: congenital, 12.50 per cent.; hereditary, 12.50 per cent.; alcoholic, 26.79 per cent.; coarse brain lesions, 21.43 per cent.; syphilis, 23.21 per cent.

Deaths of the Insane.

Whole number, 89; 10.39 per cent. of whole number of persons treated.

Tuberculosis was present in 16.85 per cent.; senile insanity in 12.36 per cent.; general paralysis in 7.87 per cent.; coarse brain lesions in 2.25 per cent.

Extract from Superintendent's Annual Report.

Much has been gained to the direct benefit of the institution, and in the general welfare and happiness of our patients in all the different departments, through the auxiliary workers; by their co-operation with the social service visitors, visiting discharged patients, sympathizing with and assisting patients in our wards, finding new interests for those who are able to take up active work, and aiding in such matters as tend to improve the general deportment of those whose excessive activities would otherwise result in general disobedience and turmoil, but who respond readily to the attention which is directed to them along lines of industrial interest, studies, drills, physical exercises, dancing, dramatic and musical entertainment. We now employ in this work a school-teacher, kindergarten teacher, several industrial teachers, a dancing teacher and a drill master.

BRIDGEWATER STATE HOSPITAL.

Opened in September, 1886. Present capacity, 798; increase for the year, 58.

Valuation of plant, per capita of capacity, \$622; real estate, \$484; personal, \$138.

Daily average number of patients, 762; increase for the year, 36.
Number Oct. 1, 1912, 779.

Commitments as insane, 88; decrease for the year, 18.

First cases of insanity, 71; 80.68 per cent.

Admitted by transfer, 5.

First Cases of Insanity.

Native-born patients, 43.66 per cent.; mothers, 22.54 per cent.; fathers, 25.71 per cent.

Age sixty years or over, 8.82 per cent.

Resident in cities or large towns, 77.46 per cent.; country districts, 22.54 per cent.

Previous duration of insanity, under six months, 17.65 per cent.

Curable forms of insanity, 11.27 per cent.

Causes: congenital, 5.63 per cent.; hereditary, 5.63 per cent.; alcoholic, 38.03 per cent.; senility, 1.41 per cent.

Recoveries of the Insane.

Whole number, 19; 21.59 per cent. of commitments.

Recoveries of first cases of insanity, 14; 19.72 per cent. of first cases.

Deaths of the Insane.

Whole number, 20; 2.39 per cent. of whole number of persons treated.

Tuberculosis was present in 10 per cent.; senile insanity in 15 per cent.; general paralysis in 5 per cent.; coarse brain lesions in 10 per cent.

Extract from Medical Director's Annual Report.

Five patients, three of whom were admitted prior to the year just closed, were, after a sufficient period for observation, diagnosed as not insane, and returned to the jails from which they were received. The diagnosis between the criminal and malingerer, anxious to escape paying the price for his viciousness, and the insane man or defective, in trouble as the result of his mental disease, is at times most difficult, and can be determined only after a considerable period of careful observation and a knowledge of his past history. Crime itself may be the manifestation of an unsound mind, repeated criminal acts are certainly suggestive, but as yet neither science nor experience has demonstrated the line of cleavage between the criminal and the defective. The criminal may or may not be defective, but by his repeated acts of injury to others and his inability or disinclination to conform to the customs of society, he must eventually

end his days in some institution; the degree of responsibility in each individual case, open to honest difference of opinion, will determine whether prison or hospital. Justice is delayed or defeated, however, so long as the malingerer is able to act his part with sufficient cunning to escape a just retribution for his sins.

A uniform system of taking histories has been adopted and staff conferences are held four days a week. Each new patient is assigned to some member of the staff who works up the case and presents it at the staff conferences, with his diagnosis and prognosis. The work of each physician is thus brought before the full staff for review, and a free discussion follows with an interchange of opinion and criticism which has been most helpful. In doubtful cases a provisional diagnosis is made, and the case brought before the staff for final classification at the expiration of a few months' observation. If the patient improves or recovers he is once more brought before the staff for the consideration of parole or release.

A laboratory has been established under the direction of Dr. Hollister. Although in operation but a short time, its value in our daily work and as an incentive for future effort has been demonstrated. The many tests now in more or less common use are of the greatest value in establishing an accurate diagnosis, the importance of which cannot be overestimated if we are to give our patients the benefit of modern and scientific care. In addition to this it makes possible a complete post-mortem examination, which may prove our wisdom or demonstrate our mistakes. Since opening the laboratory 11 autopsies have been performed.

An effort has been made to furnish occupation and recreation to as many as possible. A few seek employment for the enjoyment of work itself; others, as a means to effect an escape. Many, on account of their physical or mental condition, are unfit for work of any description, and another group, who as free citizens existed without labor, continue as industrious idlers and mischief-makers. During the summer an average of 75 men have been employed at outdoor labor, 45 in the walled enclosure and the balance on the farm. The inside occupations include dormitory work, with the usual scrubbing and polishing, the preparation of food and care of the dining rooms, mending, sewing, pressing clothes, making hair chains, embroidery, painting and glazing. . . .

Dr. Weller has been made medical supervisor with administrative duties largely replacing the medical work he has done in the past. In the daily routine many problems and questions are constantly coming up which require an immediate decision, and although common practice places such duties on the supervisor or head nurse, it has seemed advisable to place the responsibility on medical shoulders. It is hoped this arrangement will bring about a closer relationship and develop a spirit of co-operation between the medical staff and attendants, with a corresponding improvement of the service. The duties of the medical supervisor are not designed to replace but to supplement the supervision already exercised by the various members of the staff.

MONSON STATE HOSPITAL.

Opened in May, 1898. Present capacity, 853.

Valuation of plant, per capita of capacity, \$966; real estate, \$831; personal, \$135.

Daily average number of patients, 871; increase for the year, 49.

Number Oct. 1, 1912, 887.

Insane commitments, 46; increase for the year, 9.

First cases of epilepsy, 175; being 84.95 per cent. of all epileptics received.

The general statistics for the year are: —

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	INSANE.			SANE.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Oct. 1, 1911, Admitted within the year, Viz.: by commitment, voluntary, by transfer, from escape, from visit, Whole number of cases within the year, Dismissed during year, Viz.: discharged, as recovered, as capable of self-support, as improved, as not improved, died, transferred, on escape Oct. 1, 1912, on visit Oct. 1, 1912, Patients remaining Sept. 30, 1912, Viz.: State patients, private patients, reimbursing patients, Number of different persons within the year, Number of different persons admitted, Number of different persons admitted by commitment and voluntarily, Number of different persons dismissed, Number of different persons dismissed to community, Number of different persons discharged capable of self-support, Daily average number of patients, Viz.: State patients, private patients, reimbursing patients,	202 37 24 4 2 7 239 63 7 7 6 1 11 38 7 176 163 4 9 234 32 24 58 20 193 04 183 75 4 01 5 28	182 28 22 3 2 3 210 34 9 — 9 9 — 7 176 165 8 8 207 25 22 31 24 181 59 174 32 3 00 4 27	384 65 46 7 2 10 449 97 16 — 15 1 25 45 11 352 328 7 17 441 57 46 89 44 374 63 358 07 7 01 9 55	245 134 6 90 3 35 379 98 54 — 42 12 15 — 1 28 281 262 12 7 352 107 96 68 71 257 53 241 99 10 44 5 10	222 96 6 58 — 32 318 64 23 — 22 1 12 — — 29 254 226 13 15 303 81 64 49 49 238 95 218 67 12 07 8 21	467 230 12 148 3 67 697 162 77 — 64 13 27 — 1 57 535 488 25 22 655 188 160 117 120 496 48 460 66 22 51 13 31	447 171 30 90 4 5 618 161 61 — 48 13 26 38 1 35 437 425 16 16 580 138 119 126 91 450 57 425 74 14 45 10 38	404 124 28 58 3 35 528 98 32 — 31 1 26 7 33 387 391 32 32 510 106 86 80 73 420 54 392 99 15 07 12 48	881 295 58 148 7 51 1,146 259 93 — 79 14 52 45 1 68 887 816 32 39 1,090 ¹ 244 ⁴ 205 ⁴ 206 ⁵ 164 ⁶ 871 11 818 73 29 52 22 86

¹ Nominally admitted to discharge, insane: males, 1; sane: males, 1; totals, 2.

² Nominally admitted to discharge, insane: males, 4; females, 3; total, 7; sane: males, 26; females, 15; total, 41; totals, 48, — males, 30; females, 18.

³ Five sane men discharged as sane, readmitted as insane; 1 sane man discharged as sane, readmitted as sane.

⁴ One sane man admitted during year, discharged and readmitted as insane.

⁵ Three sane males discharged, readmitted as insane and transferred.

⁶ Thirty-eight males, 7 females transferred; 2 sane males discharged as sane, readmitted as insane and remain in Monson.

First Cases of Epilepsy.

Native-born patients, 77.14 per cent.; mothers, 35.08 per cent.; fathers, 34.70 per cent.

Mean age at onset of epilepsy, 14.67 years; when admitted, 24.22 years.

Resident in cities or large towns, 80.58 per cent.; country districts, 19.42 per cent.

Deaths of Epileptics.

Whole number, 52; 4.77 per cent. of whole number of persons treated.

Tuberculosis was present in 11.53 per cent.; epilepsy was the immediate cause of death in 34.61 per cent. Mean age at first attack of epilepsy, 16.09 years; at death, 38.79 years.

Finances.

Expenditures from maintenance funds, \$220,365; total receipts, \$14,498; being \$8,729 from private patients, \$3,465 from reimbursing patients, \$2,016 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$4.79.

Weekly per capita cost of whole service, \$1.92; ward service, \$0.75.

One person employed for every 4.77 patients; 1 nurse for every 9.81 patients.

Average monthly wage for all persons employed, \$39.70; for nurses, \$32.27; men, \$36.91; women, \$28.47.

Extract from Superintendent's Annual Report.

In studying cases where there is a known inheritance, we have found several generations of defectives. The second effort of our work was to study cases taking them as they came, not selecting those of known inheritance. The results of this work cannot as yet be announced. The third suggestion, and the one which we are now mainly interested in, is that of taking the younger cases as they are admitted to the hospital; there is no attempt to select those with inheritance. The reason for working mainly on the younger cases is that we are thus able in many instances to get our information from the mother. Even if the mother has died we often succeed better with the brothers and sisters or other near relatives than we do in the adult cases where the recollection of other

members of the family is considerably dimmed by the time that has passed. The efforts of our field workers can only be spoken of in the highest terms of appreciation.

The medical work of the institution has been carried on practically on the same basis as in former years. We have kept in touch with every publication and with almost every suggestion that has been made with reference to the treatment of epilepsy. The work of keeping up our special epileptic library has of necessity kept us awake to all recent publications. Whenever a well authorized attempt for the betterment of these conditions has come to our notice, it has been fully tested by some one of the medical staff. It is well understood how difficult a situation we have to meet, and remedial measures, especially by application of drugs, have not been encouraging so far as cures are concerned. We have, however, a very hopeful situation when we consider that the established methods of hygienic care, regulated diet, systematic work, reasonable recreation and the general routine which attaches to institution life have remained of great use. Many cases having been seriously afflicted at home with frequent attacks, and having been serious trouble to their families, have here almost ceased to have the epileptic seizures, and instead of being refractory subjects have been mild and willing to adapt themselves to our conditions. It is probable that most of these cases would relapse into their former condition if they returned to the old method of living, but it is certainly a great comfort to the patients themselves and to their families that even the amount of improvement which has come about remains permanent while they are under the institution's care.

The matter of industries has often been referred to in these reports, but it seems necessary to constantly refresh the subject so that the fact may not be lost sight of that our patients are rarely efficient workers. They should be classed as invalids and incapable of continued effort. The patient who is well enough to work under supervision to-day may to-morrow be bedridden; he may even be insane for the time, or suffer from some epileptic equivalent which incapacitates him for almost any kind of useful labor. The mental as well as the physical enfeeblement must be taken into account in assigning work to patients or in trying to hold them up to a standard of industry.

FOXBOROUGH STATE HOSPITAL.

Opened in February, 1893. Present capacity, 299.

Valuation of plant, per capita of capacity, \$1,168; real estate, \$990; personal, \$178.

Daily average number of patients, 399 (inebriates, 189; insane, 210); increase for the year, 21.

Number Oct. 1, 1912, 370.

Finances.

Expenditures from maintenance funds, \$101,500; total receipts, \$6,965, being 2,012 from private patients, \$2,757 from reimbursing patients, \$814 from cities and towns, \$1,382 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$5.37.

Weekly per capita cost of whole service, \$2.02; ward service, \$0.43.

One person employed for every 4.54 patients; 1 nurse for every 16.94 patients.

Average monthly wage for all persons employed, \$39.97; for nurses, \$32.25; males, \$32.60; females, \$25.17.

Statistics regarding the insane will be found with those of other institutions for the insane, in the Appendix.

The general statistics for the year relative to inebriate are: —

Patients in hospital Oct. 1, 1911,	167
Admissions within the year,	953
By commitment,	141
By transfer,	—
By return from leave of absence of previous years,	24
By return from escape of previous years,	—
By return from visit of previous years,	23
Voluntary,	545
Nominally for discharge,	220
Whole number of cases within the year,	1,120
Final discharges within the year,	594
By death while in house,	4
By death while on leave of absence,	—
By death while on visit,	—
By death, escaped,	—
As insane,	7
By time limit while in house,	7
By time limit while on leave of absence,	108
By time limit, escaped,	3
As not to be benefited by further treatment while in house,	215
As not to be benefited by further treatment while on leave of absence,	2

Final discharges within the year — *Con.*

As not to be benefited by further treatment while on visit,	4	
As not to be benefited by further treatment while on escape,	2	
Expiration of visit,	241	
Deported,	1	
Patients absent, not finally discharged, dismissed 1912,		353
Leave of absence,	112	
Escaped,	1	
Visit,	240	
Patients absent, not finally discharged, dismissed in previous years,		34
Leave of absence,	33	
Escaped,	1	
Patients remaining in hospital Sept. 30, 1912,		173
Viz.: State patients,	167	
Private patients,	4	
Reimbursing patients,	2	
Number of different persons within the year,		878
Number of different persons admitted,		723
Persons admitted from community,		676
Persons dismissed,		715
Daily average number of patients,		188.63
Viz.: State patients,	181.51	
Private patients,	6.00	
Reimbursing patients,	1.12	

Inebriates.

Daily average number, 189.

Commitments, 141; increase for the year, 15.

Voluntary admissions, 545; increase for the year, 68.

Admitted for the first time to any institution for the treatment of inebriety, 580, or 84.54 per cent.

Admitted to this hospital for the first time, 562, or 81.92 per cent.; 106 for the second; 15 for the third, and 3 for the fourth.

First Cases of Inebriety.

Native-born patients, 83.98 per cent.; natives of Massachusetts, 69.57 per cent.; 34.34 per cent. of the mothers were native born; 33.27 per cent. of the fathers were native born.

Average age at which habit began, 25.64 years; when admitted, 37.11 years; 59, or 10.49 per cent., were over fifty years old when admitted.

Average known duration of inebriety before admission, 12.62 years.

Resident in cities or large towns, 512, or 91.10 per cent.; country districts, 50, or 8.90 per cent.

Two hundred and twenty-three were discharged as not to be benefited by further treatment.

Extract from Trustees' Annual Report.

As a preliminary step to the establishment of the new hospital, a careful accounting of the actual result achieved in the cure of inebriates at Foxborough has been made by the superintendent and his staff. During the last three years 1,687 inebriates were received at Foxborough as voluntary or involuntary cases. Of this number, 642 were found to be either criminal, degenerate or otherwise obviously not hospital cases, and therefore were discharged after a reasonable opportunity for inspection. Certain other patients who stayed at the hospital long enough to be benefited by its treatment have since left the State, or otherwise disappeared from view. One thousand five hundred and twenty-four have been followed up by the out-patient department and kept under observation by it, or by the hospital staff. Out of this 1,524, approximately 460 patients, or 30 per cent. of those who were received at the hospital, or over 50 per cent. of the patients who remained under medical observation for a specified time during the three years, are to-day working, and either totally abstinent or drinking so little as not to interfere with their work. Practically all of these men had, before coming to Foxborough, dropped below the class of the self-supporting. If it be assumed that these ex-patients are to-day earning on an average approximately \$600 a year; which the Board believes from observation to be a very low estimate, then, disregarding the freedom from economic loss and moral degradation to the families which the presence of a confirmed drunkard in the household entailed, it appears that probably not less than \$250,000 a year is being earned by men who were discharged from the hospital improved, who are now living in Massachusetts, and who, previous to their treatment, had been without earning power. These figures alone seem to justify the existence and extension of the hospital.

Extract from Superintendent's Annual Report.

We recognize that our modern view of alcoholism negatives the existence of any specific for the cure of drunkenness. We reiterate the statement that the treatment necessarily must be considered in the realm of physiologic therapeutics, which is supplemented by the simplest form

of suggestion; the suggestion is really a suggestion emanating from the man undergoing treatment, and is the result of a correlation of impressions which the patient has received from his association with the physicians and from the hospital environment. The treatment is educational and re-educational, and reduced to its simplicity can be said to be an endeavor to have the patient fix his attention on his defect while we surround him with influences which will sustain this interest.

The out-patient department is an integral part of the hospital, which has been in successful operation during the past three years. As we have before emphasized, this department has rendered invaluable aid in carrying out the educational and medical-social work begun at the hospital. Every patient at the time of his discharge from the hospital is impressed with the idea of co-operating with the out-patient department. Some of these discharged men report at the hospital, others at the office of the out-patient physician, while others are visited at intervals by the physician of the out-patient department. Particular attention is paid by the physician to the social readjustment of the patient, and every effort is made to secure him congenial work and an environment suitable to his condition. This individual and personal work on the part of the physician, which we consider of considerable importance, has proven to be of decided help to the patients, and has been of assistance to us in securing accurate and reliable knowledge as to the value of hospital treatment. The frequent visits of the out-patient physician to the hospital have given him an opportunity to become acquainted with the patients shortly after their admission to the institution. Many of these men are seen by him previous to their admission to the hospital. In common with the medical staff of the hospital he has an intimate knowledge of the life-history of the patients, and is in possession of facts which guide us in the re-education of the men. Fortified by this knowledge, the out-patient physician is in a position to carry on away from the institution the treatment which has been begun at the hospital. The work of the out-patient physician may be consistently said to be an effort to encourage the mental training which has been inaugurated by the hospital, and must necessarily be perpetuated by the patient.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM.

Opened in October, 1848. Present capacity, 1,440; at Waltham, 1,140; at Templeton, 300.

Valuation of plant, per capita of capacity, \$708; real estate, \$599; personal, \$108.

Daily average number of patients, 1,430; increase for the year, 60.

Number Oct. 1, 1912, 1,441.

The general statistics for the year are: —

	Males.	Females.	Totals.
Number present Sept. 30, 1911,	813	562	1,375
Admitted during the year,	208	86	294
School cases,	47	19	66
Custodial cases,	83	41	124
By transfer,	5		5
From visits,	34	16	50
From escape,	2		2
Nominal admissions,	37	10	47
Whole number of cases within the year,	1,021	648	1,669
Dismissed within the year,	160	68	228
Discharged,	61	24	85
Capable of self-support,	4		4
Improved,	48	19	67
Not improved,	9	5	14
Died,	13	10	23
Transferred,	1	6	7
On visit Sept. 30, 1912,	77	28	105
On escape Sept. 30, 1912,	8		8
Number present Sept. 30, 1912,	861	580	1,441
State patients,	824	553	1,377
Private patients,	22	15	37
New England beneficiaries,	15	12	27
Daily average number of patients,	853	577	1,430
Number at school, Sept. 30, 1912,	610	580	1,190
Number at Templeton, Sept. 30, 1912,	251		251
Applications during the year,			569

Finances.

Expenditures from maintenance funds, \$282,676; total receipts, \$17,927; being \$14,787 from private sources, \$763 from reimbursing patients, \$357 from cities and towns, and \$2,020 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.74.

Weekly per capita cost of whole service, \$1.53; ward service, \$0.71.

One person employed for every 5.52 patients; 1 nurse for every 8.90 patients.

Average monthly wage for all persons employed, \$36.64; for nurses, \$27.52; men, \$33.28; women, \$26.61.

Extract from Superintendent's Annual Report.

Among the 186 patients admitted here the past year there was the following relationship: two brothers were admitted together in eight instances; three brothers of one family and three sisters of another family were admitted; in three cases the boy or girl admitted had a brother or sister already here; one boy had two brothers here. So far as is known, if both parents are feeble-minded all the offspring will be feeble-minded. If one parent is feeble-minded it is probable that some of the offspring will be feeble-minded, and the children who are themselves normal will be likely to beget defectives. These normal persons in tainted families, who are potential "carriers" of the defective germ plasm, may keep up the sequence. . . .

In the light of our present knowledge, the only way to reduce the number of the feeble-minded is to prevent their birth. The perpetuation of defective family stocks should be inhibited. This would be possible to a great extent if every feeble-minded person and every potential "carrier" of the defective germ plasm could be prevented from parenthood. The recognition of the fact that feeble-mindedness is largely a question of heredity is responsible for the increasing demand for the segregation of the feeble-minded during the child-bearing period. Such segregation carried out thoroughly for a generation would greatly reduce the amount of feeble-mindedness, but it would be difficult to secure this wholesale segregation. If adequate institutional provision were available to-day it would not be feasible to secure the detention of large numbers of defectives — and those of the most dangerous class — where parents or friends are unable or unwilling to see the necessity for such segregation. We have no laws compelling this action. The Anglo-Saxon respect for the liberty of the individual would make it difficult to enact laws compelling such custody. Many intelligent parents absolutely refuse to even consider institution care for their defective children. Each year several children are returned to their homes soon after admission because the parents are wretched and unhappy and are unable to live without having them at home.

Indeed, the mere admission to an institution is no guarantee that the patient will remain there permanently. Our records show that for ten years past an average of 56 patients each year is discharged to the custody of parents or friends. This is largely due to the natural desire of the parents to have their children with them in their homes. Nearly one-half of our inmates are here practically as voluntary inmates. We have no legal hold on these inmates and are obliged to discharge them if the parents so demand, although we are usually able to persuade them to allow the children to remain. In theory the cases committed by the probate courts are here for life, but in practice it sometimes happens that such strong pressure is made by the parents, by clergymen, public

officials and other prominent citizens in their community that these cases are ultimately released.

It has happened that the judge who signs the original commitment later recommends the discharge of the same patient. Whenever such cases have been brought before the courts on a writ of habeas corpus or otherwise, the court has generally authorized the discharge of the patient. . . .

In certain cases where the trustees are unwilling to discharge the patient, but have no power to compel custody, he is allowed to go home on trial, reporting in person to the officers at the school at regular intervals. This plan provides more or less supervision over the patient and favorably modifies his behavior and conduct. We believe this informal after-care should be extended and developed and put on a permanent basis. A trained field worker could very profitably spend his entire time looking after these patients on parole, discharged patients in their homes and in research work relating to the cause and antecedents of individual cases of feeble-mindedness.

It is probable that the permanent segregation of the feeble-minded on a large scale will be possible only after a long campaign of education. General knowledge of the whole question of feeble-mindedness in a community will insure the rational protection and control of feeble-minded persons in that community, and the diminution and elimination of feeble-mindedness so far as that is possible. The public generally should be intelligently informed as to its extent, causation and significance by means of suitable literature, popular lectures and other means. As the principles which control human heredity are unfolded, especially the certainty of the heredity of feeble-mindedness, they should be taught in the colleges, normal schools, and, indeed, in the high schools. The dangers of a marriage with a person of diseased family stock should be plainly presented to young people who will later marry and become parents. Physicians, lawyers, clergymen, teachers, legislators and public officials should be made familiar with the dangers of feeble-mindedness, especially its hereditary tendency. These influential people will influence the parents of the feeble-minded in their several communities to give these defective people proper care and above all to prevent parenthood.

WRENTHAM STATE SCHOOL.

Opened in June, 1907. Present capacity, 380.

Valuation of plant, per capita of capacity, \$1,130; real estate, \$988; personal, \$142.

The general statistics for the year are: —

	Males.	Females.	Totals.
Number remaining Sept. 30, 1911,	155	112	267
Admitted within the year,	64	132	196
By commitment, .	53	118	171
By transfer,	1	5	6
Returned from visit,	3	4	7
Returned from escape,	2	-	2
Nominally from visit, .	4	5	9
Nominally from escape,	1	-	1
Whole number of cases within the year,	219	244	463
Dismissed within the year,	31	28	59
Viz.; Discharged,	13	9	22
Transferred, .	2		2
Died, .	2	6	8
On visit Sept. 30, 1912,	12	13	25
On escape Sept. 30, 1912,	2		2
Remaining Sept. 30, 1912, .	188	216	404
Daily average number, .	176.85	181.69	358.54

Finances.

Expenditures from maintenance funds, \$77,153; total receipts, \$636; being \$493 from reimbursing patients and \$143 from other sources.

Weekly per capita cost of maintenance computed on net expenses, \$3.88.

Weekly per capita cost of whole service, \$1.61; ward service, \$0.55.

One person employed for every 6.10 patients; 1 nurse for every 11.41 patients.

Average monthly wage for all persons employed, \$42.62; for nurses, \$27.53; men, \$34.18; women, \$26.97.

Extract from Superintendent's Annual Report.

I am pleased to be able to report to you that although our institution is new, we have been able to carry forward the school and industrial work in a manner that is in keeping with the long-established custom that has prevailed in Massachusetts in the care and treatment of the feeble-minded, and to-day we have only 9 inmates in the institution who are not receiving instruction. These are helpless nursery cases.

Early in the year the new building for girls was opened, and in a very short time it was filled beyond its capacity. By having our school and industrial activities well organized, we were able to admit these 150 girls and merge them into the school life without causing any disturbance in our organization. Most of these cases coming to us have been great problems in the community. It would be but reasonable to expect that they might be problems in the institution, but such is not the case. It is only the exception that becomes the problem in the institution. Most of them settle down to be helpful and therefore happy.

What has wrought this change? Is it that the bad influences have been eliminated from their lives? Partially. Is it that they are constantly under supervision? Partially. But what has been the great factor in producing this change? It is that some avenue has been found whereby they can give expression to the best impulses and emotions that are within their feeble lives. It would be useless to bring the feeble-minded together into institutions if the latter were not veritable little worlds of activities, where the human can give expression in some tangible form to the pent-up good desires and emotions that have not hitherto found a place for expression.

In the institutional world, perhaps for the first time, he or she, as the case may be, has found some one who can take time to understand him. He is not so slow here but that some one else is slower. He is just as good looking as his neighbor and better than some. He can be social, perhaps, for the first time in his life. Some one is interested in the little story he tells, and some one has a little story to tell him. Quite like the rest of us, each day he mingles with those who know more than he does, and with those who know less. In the schools he no longer drags along at the rear of his class, but stands well up, perhaps in the middle of the class. He has the opportunity of selecting his chums and friends. He can cook, darn, sew, clean. He can dance, sing, play baseball, tennis, basket ball and other organized games. He can care for live stock and drive horses. He can plow, plant, hoe, cultivate and harvest crops. He can dig trenches, excavate basements for new buildings and assist in their erection. He can adopt, care for, nurse and love the helpless and feeble child.

HOSPITAL COTTAGES FOR CHILDREN.

This is a private institution, for which the Governor appoints five trustees, in addition to those selected by the corporation. It is maintained from the income of private funds, donations and the board of patients. State and town charges are received for \$3.25 a week, although the weekly cost of support is considerably in excess of this amount. In consideration of this service the State has from time to time appropriated money for buildings and structural improvements. It is subject to supervision by the

State Board of Insanity, to which it makes a financial statement, and furnishes such other information as may be required.

Opened in June, 1882. Present capacity, 140. Daily average number, 113.

Valuation of plant, per capita of capacity, \$683. Permanent funds, \$323,284. Expenditures for maintenance, \$32,766. Receipts, \$42,015; support of State charges, \$14,142; from cities and towns, \$389; from individuals for support of patients, \$4,927; from sales, contributions and other sources, \$22,557. Weekly per capita cost of maintenance, \$5.76.

The general statistics for the year of 1912 are: —

Patients in the hospital Oct. 1, 1911,	124
Admitted within the year,	15
From the community,	14
From visit,	1
Whole number of cases within the year,	139
Dismissed within the year,	35
Viz.: Discharged,	29
Died,	3
On visit Sept. 30, 1912,	2
On escape Sept. 30, 1912,	1
Remaining Sept. 30, 1912,	104
Viz.: State patients,	75
Town patients,	2
Private patients,	27
Daily average number of patients,	113
The largest number on any day,	131
The smallest number on any day,	101

Fourteen epileptics were admitted. Thirty-two epileptics were dismissed (including 10 removed to Monson State Hospital); 16 improved; 10 much improved; 5 recovered; 1 died.

THE PRIVATE INSTITUTIONS.

THE McLEAN HOSPITAL.

Opened in October, 1818. Present capacity, 220; decrease for the year, 5.

Valuation of plant, per capita of capacity, \$8,700.

Average weekly per capita cost of maintenance, \$26.53.

Daily average number of patients, 218; decrease for the year, 2.

Number Oct. 1, 1912, 221.

All commitments, 159; increase for the year, 3.

Commitments as insane, 143; decrease for the year, 13.

First cases of insanity, 98; 68.53 per cent.

Voluntary admissions, 71; decrease for the year, 11.

Emergency commitments, none.

Temporary-care admissions, 14.

First Cases of Insanity.

Native-born patients, 79.59 per cent.; mothers, 69.07 per cent.; fathers, 64.58 per cent.

Age sixty years or over, 16.33 per cent.

Resident in cities or large towns, 76.53 per cent.; country districts, 23.47 per cent.

Previous duration of insanity under six months, 55.10 per cent.

Curable forms of insanity, 64.29 per cent.

Causes: hereditary, 51.02 per cent.; alcoholic, 5.10 per cent.; coarse brain lesions, 7.14 per cent.; syphilis, 5.10 per cent.

Recoveries of the Insane.

Whole number, 40; 27.97 per cent. of commitments.

Recoveries of first cases of insanity, 27; 27.55 per cent. of first cases.

Recoveries in curable group A, 26; 41.27 per cent. of such curable cases.

Deaths of the Insane.

Whole number, 14; 3.83 per cent. of the whole number of persons treated.

Curable forms of mental disease present in 14.29 per cent.; general paralysis in 21.43 per cent.; coarse brain lesions in 14.29 per cent.

Extract from Superintendent's Annual Report.

The work in handicrafts has been carried on for the women under the direction of Miss Emily L. Haines, with an increasing number of those who have shared in its benefits. Nothing more need be said of its value than already has been said in former annual reports. Another large loom has been added, which is used for both plain and pattern weaving; work has been continued in lace, leather, drawing and painting and in basketry, with an increased number of patterns and with palm leaf as well

as raffia and reed. Rake knitting also has been taught, as well as illuminating, stenciling, embroidery, crocheting and tatting.

It affords an opportunity for nurses to learn methods of occupying and diverting patients in their subsequent private work, and during the year two nurses have come here from other hospitals for instruction.

Occupation has been continued for the men in their workroom, which is not large enough for the purpose. It should be increased by at least its present size, and there would then be space enough for other things than working on wood alone. . . .

When the hospital was planned, twenty years ago, no provision was made for a nurses' home because of lack of funds, and it has not yet been built for the same reason. The need for a house for the women nurses is apparent to all who know of the present conditions. The nurses occupy rooms on the third floor of all the houses for women patients, and have overflowed to one of those for the men. They are never out of the atmosphere of their work while on the premises and they are obliged, even when off duty, to regulate their conduct with reference to the patients in the rooms below, whose sleep is liable to be disturbed by the noise of entering the house late in the evening, and by even necessary movements in the nurses' rooms.

The work of nurses in a hospital for mental diseases is especially difficult, and when off duty there should be freedom from any sense of responsibility and an opportunity for the rest and recreation so much needed to enable them to meet in a satisfactory manner the exacting demands on their strength and patience and to render their best service. There also is need of accommodations for sick nurses, especially for those sick of contagious diseases, of a more attractive and commodious dining room and of a well ventilated class and lecture room which a nurses' home would supply.

Because of the large and increasing number of training schools many hospitals have found their supply of pupils less than were needed to properly care for their patients, and they have been obliged to accept applicants who were not altogether desirable. If for no other reason a nurses' home should be built by this hospital to insure the maintenance of a high standard of the nursing service by making the conditions more attractive than they now are. It would also make it easier to retain enough graduates for head nurses of the various wards. . . .

A plea is also made for cottages for the men who are married, or who wish to marry, so that nursing may be for them more of a profession, and that the hospital always may have in its service a body of well-educated and capable men in charge of all the wards. Such men would properly instruct their subordinates, inspire confidence in the friends of the patients and in all ways give character to the nursing service. A larger salary is recently paid to graduates for head nurses than ever before, and it is believed that with the increased pay and good homes the problem of retaining in the service a competent body of men would be solved.

OTHER PRIVATE INSTITUTIONS

licensed by the Governor and Council under the provisions of section 24, chapter 504, Acts of the Legislature of 1909, number 26. Additional licenses were granted during the year as follows: on Dec. 13, 1911, to Earle E. Bessey, M.D., in Newton; on Oct. 10, 1912, to Samuel T. Davis, M.D., in Vineyard Haven, for the care and treatment of the insane, feeble-minded, epileptic and persons addicted to the intemperate use of narcotics or stimulants; and on Feb. 21, 1912, to Sarah E. Stevens, M.D., in West Roxbury, for the care and treatment of the insane.

On Sept. 30, 1912, there were in these institutions 204 patients, an increase of 30 for the year. The insane numbered 128, or 62.74 per cent. There were 163 admissions of the insane and 149 dismissals during the year.

The numbers on Sept. 30, 1912, for each institution are set forth in the following tabulation: —

NUMBER OF PATIENTS SEPT. 30, 1912.

INSTITUTIONS.

	INSANE.		SANE, VOLUNTARY.		INEBRIATE.		FEEBLE-MINDED.		NON-MENTAL.		TOTALS.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Bournewood, Henry R. Stedman, M.D.,	5	9	14	2	1	3	1	1	1	5	10	15
Channing Sanitarium, Walter Channing, M.D.,	13	13	26	3	3	6	1	1	2	21	23	44
Norwood Private Hospital for Mental Diseases, Eben C. Norton, M.D.,	1	1	2	1	1	2	1	1	2	4	4	8
Pine Terrace, W. F. Robie, M.D.,	1	1	2	1	1	2	1	1	2	4	4	8
Herbert Hall Hospital, John Merrick Bemis, M.D.,	7	18	25	1	1	2	4	1	5	7	18	25
Newton Sanatorium, N. Emmons Paine, M.D.,	1	2	3	1	1	2	1	1	2	2	2	4
Loeust Grove Asylum, Miss Alice R. Cooke,	1	1	2	1	1	2	1	1	2	2	2	4
Dr. Ring's Sanatorium, Allan Mott Ring, M.D.,	1	1	2	1	1	2	1	1	2	2	2	4
Bringingham Nervine, Ellen L. Keith, M.D.,	1	1	2	1	1	2	1	1	2	2	2	4
Wellesley Nervine, Edward H. Wiswall, M.D.,	2	7	9	1	1	2	3	13	16	5	20	25
Private Hospital, J. F. Edgerly, M.D.,	1	1	2	1	1	2	1	1	2	2	2	4
Private Hospital, George B. Coon, M.D.,	7	3	10	1	1	2	1	1	2	4	6	10
Highland Hall, Samuel L. Eaton, M.D.,	1	1	2	1	1	2	1	1	2	2	2	4
Dr. Reeves' Nervine, Harriet E. Reeves, M.D.,	1	1	2	1	1	2	1	1	2	2	2	4
Wheeler Sanitarium, Mrs. Maria H. Paul,	1	1	2	1	1	2	1	1	2	2	2	4
Arlington Health Resort, Arthur H. Ring, M.D.,	3	4	7	1	1	2	4	9	13	7	25	32
Private Hospital, Edward B. Lane, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Private Hospital, H. N. Archibald, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Private Hospital, Henry C. Baldwin, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Newton Nervine, Edward Mellus, M.D.,	8	8	16	1	1	2	1	1	2	8	8	16
Glenside, Mabel D. Ordway, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Concordia, Robert T. Edes, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Charles B. Towns Hospital, Richard C. Cabot, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Knollwood, Earle E. Bessey, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Private Hospital, Sarah E. Stevens, M.D.,	1	1	2	1	1	2	1	1	2	1	1	2
Totals,	33	95	128	2	12	14	4	1	5	13	43	56
										52	152	204

Of the 26 persons holding licenses for the maintenance of private hospitals, 3 are not taking any patients and 2 care for but 1 patient each. Thirty-eight visits were made to the remaining 21 places during the year.

These institutions have maintained their individual standards of care and in four instances radical improvements have been made. While there is much to be desired in the standard and equipment of some of the private institutions, it must nevertheless be remembered that the class of patients cared for in many of the very small ones often demands little in the way of treatment, and special facilities for therapeutic measures are not so essential. The demands for physical comfort and kindly, sensible care are fulfilled. Opportunities for occupation, amusement and diversion obtain in varying degrees. These are frequently such as exist in a well-ordered home, and consist of the routine occupations of the household, the companionship of members of the family and attendants, sewing, reading, visits to shops, places of amusement, friends, etc., walks and drives, teas, card parties and simple social functions.

The problem of suitable occupation is generally an individual one and is often quite as difficult to cope with, if not more so, than in the public institution. For the patient willing to employ himself and inclined to be busy there is little trouble in finding a field for his activities. For the chronic patients who are not inclined to apply themselves there is often, as in the public institution, great difficulty or failure in persuading them to any kind of sustained effort. Where the rates paid permit of organized attempts in this line, there are, in some instances, special persons employed to entertain and furnish diversion and occupation for the patients.

The smaller private hospitals have a large percentage of quiet chronic cases. But few of these institutions are willing to care for patients who are very noisy, destructive, dangerous or uncleanly in conduct. Such cases, if admitted, are usually either quickly transferred to one of the larger hospitals better equipped for their accommodation, or the friends are requested to make other provision for their care. These difficult cases cannot be cared for properly at low rates unless the institution is endowed or dependent on sources of support other than the income from patients.

UNLICENSED PRIVATE HOSPITALS AND HOMES.

Twenty-three unlicensed places not previously visited were investigated by an agent of the Board. Four of these were kept by physicians, 6 by nurses or ex-nurses, 8 by persons with more or less experience in caring for the sick and 3 by persons of no previous experience. Two had already given up their business.

The classes of patients found in these places were mainly cases of senility, hemiplegia and functional nervous troubles. In one instance, 2 insane cases were found and in six instances there were no patients at the time of the visit. The 2 insane persons were in the care of a lady who had been in charge of one for twenty-four years and the other for fifteen years. They were demented women, generally quiet, irresponsible and requiring controlling oversight and care. They appeared to be kindly treated and well cared for, and both have guardians and interested friends. The conditions are permitted to continue undisturbed, but the reception of other mental cases was forbidden. This place will be kept under observation by a physician from the office of the Board.

There were also 23 visits made to unlicensed institutions or homes which had previously been investigated and which seemed to require more or less supervision. Conditions at these places show little variation in general. The care given the patients is found, so far as inspection on unannounced visits can determine, to be kindly and adequate, although not reaching the degree of refinement made possible in places where higher rates are paid and more abundant and skilled attendance furnished. There is a purpose to keep within the limitations of the law in the character of cases received into these homes. The physical conditions and up-keep have improved in several instances. No standard requirements seem to be possible, and only as mental, feeble-minded, epileptic patients, and those addicted to the intemperate use of liquor, are concerned, has the Board any authority to assume the role of supervisor.

The visits of the inspector, as a rule, were courteously and graciously received and suggestions welcomed. It is interesting

to note that in but one instance was the investigation of the Board met with resentment and a failure to grasp, or at least acknowledge, the purpose and intent of the law.

While it is probable that but a small number of the many homes for invalids throughout the State are known to the office of the Board, it is a satisfaction to feel that the largest, most permanent and most successful ones are known about and that these, on the whole, have been stimulated to improvement by such supervision as they have received.

FAMILY CARE OF THE INSANE.

UNDER STATE BOARD.

First patient boarded in a family, Aug. 10, 1885. Since placed, 1,160 different patients.

Number in families, Oct. 1, 1912, 316, — 13 men, 303 women.

Placed during the year, 80 persons, a decrease of 3.

Daily average number for the year, 293; an increase of 21.

Passed out of public support: —

During the year, 12, an increase of 3; viz.: self-supporting in families, 5; boarded with friends without public expense, 4; became private patients, 3.

Since 1885, 242 different patients, viz.: discharged self-supporting, 92; discharged to care of friends, 38; self-supporting in families, 66; boarded with friends without public expense, 26; became private patients, 20.

Reappeared under public support: —

During the year, 5; since 1885, 68; 28 per cent.

Number of families having patients, 147, the same as last year; 78 families having 1 patient, 18 families, 2; 14 families, 3; 25 families, 4; 12 families, 5.

Number of cities and towns in which patients are boarded, 55, a decrease of 6. Largest number of patients in any one town, 76; of families, 27.

The general statistics for the year are: —

	1912.			INCREASE FOR THE YEAR.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Remaining Sept. 30, 1911,	14	284	298	-	23	23
Admitted within the year,	5	76	81	-	4 ¹	4 ¹
By transfer from institutions,	5	76	81	-	4 ¹	4 ¹
Whole number of cases within the year,	19	360	379	-	19	19
Dismissed within the year,	6	57	63	1	-	1
Viz.; Discharged,	2	4	6	2	5 ¹	3 ¹
Capable of self-support,	2	3	5	2	6 ¹	4 ¹
Requiring further care,	-	1	1		1	1
Transferred to institutions,	4	47	51	1	4	5
Unsuitable, .	3	12	15	2	7 ¹	5 ¹
Temporarily,	-	23	23	-	10	10
Ill,	1	12	13	1 ¹	1	
Died,	-	2	2	1 ¹	3 ¹	4 ¹
Escaped,	-	2	2	1 ¹	2	1
On visit, Sept. 30, 1912, .	-	2	2	-	2	2
Remaining Sept. 30, 1912,	13	303	316	1 ¹	19	18
Viz.; Supported by State,	7	259	266	-	15	15
Reimbursing, .		17	17	-	2	2
Private,	1	11	12	1 ¹	2	1
Self-supporting,	4	12	16	1 ¹	1 ¹	2 ¹
Living with friends without public aid,	1	4	5	1	1	2
Number of different persons within the year,	19	346	365	-	10	10
Number of different persons admitted,	5	75	80	-	3 ¹	3 ¹
Number of different persons dismissed,	6	56	62	1	-	1
Daily average number, .	11.41	281.82	293.23	2.18 ¹	22.94	20.76
State,	5.93	240.74	246.67	1.06 ¹	17.98	16.92
Reimbursing,	-	15.15	15.15		4.45	4.45
Private,	1.34	10.05	11.39	.66 ¹	.44	.22 ¹
Self-supporting,	3.48	11.61	15.09	.67 ¹	1.86 ¹	2.53 ¹
Living with friends without public aid,	.66	4.27	4.93	.21	1.93	2.14

¹ Decrease.

The total and weekly per capita expenditures of the State on account of patients in private families for the year ending Nov. 30, 1912, and since Oct. 1, 1889, are shown as follows: —

	Fiscal Year ending Nov. 30, 1912.	Since Oct. 1, 1889.
Payments for board,	\$41,020 53	\$563,514 42
Average number of patients, exclusive of private patients,	284 24	194 25
Weekly per capita cost of board,	\$2 78	\$2 40
Payments for extra clothing not included in board rate,	\$118 37	\$2,037 43
Payments for medical attendance, etc., not included in board rate,	\$185 20	\$4,066 68
Weekly per capita cost of such expenses, outside of board rate,	\$0 02	\$0 03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.).	\$2 80	\$2 43
Payments for supervision (being transportation, salaries and expenses of visitors).	\$5,926 84	\$72,276 03
Average number of patients,	296.21	200.95
Weekly per capita cost of supervision,	\$0 38	\$0 29
Weekly per capita cost of support and supervision,	\$3 18	\$2 71

First Admissions.

Of the 56 first admissions, 15 had been in institutions continuously for less than a year; 6, one to two years; 10, two to three years; 5, three to four years; 1, four to five years; 2, five to six years; 3, six to seven years; 4, seven to eight years; 1, eight to nine years; 1, ten to eleven years; 1, thirteen to fourteen years; 5, fifteen to twenty years; 1, twenty-one to twenty-two years; 1, twenty-seven to twenty-eight years. The average hospital residence was five years, two months.

Of the 21 persons so residing less than two years, 6 had been previously insane inmates of institutions.

Of the 56 persons first admitted, 7 were returned to institutions and one escaped. The remainder were successfully boarded; 2 were discharged, 17 improved mentally and physically, 17 improved physically and 12 made no improvement.

Readmissions.

Of the 25 such cases, 16 were readmitted for the first time, 6 for the second time, 2 for the third and 1 for the fourth time. Fourteen had remained in institutions after return from boarding less than a year; 1, one to two years; 4, two to three years; 1, three to four years; 1, four to five years; 3, five to six years; 1, six to seven years; the average duration being one year, ten months.

Seventeen had been returned to institutions temporarily after boarding an average of one year, five months; 5 as unsuitable after boarding an average of six months; 2 as ill after boarding an average of one year, six months; 1 was discharged after boarding four months.

Discharges.

Six cases were discharged; 1 after boarding less than a year; 3, one to two years; 1, four to five years; 1, eleven to twelve years.

One had been continuously an inmate of an institution prior to boarding out two to three years; 3, one to two years; 2, less than a year.

Five were discharged self-supporting, 1 to friends.

In addition, 2 patients were on visit Oct. 1, 1912.

Transfers to Institutions.

Fifty-one cases were transferred to institutions; 15 as unsuitable, 13 physically ill, 23 temporarily.

Of the 15 so transferred as unsuitable, 9 had boarded less than a year; 5, one to two years; 1, twenty-five years; the average duration being two years, four months. Nine had been tried in one family, 3 in two families, 1 in three families, 1 in four and 1 in five families.

Of the 13 so transferred as ill, 5 had boarded one to two years; 1, two to three years; 3, four to five years; 1, five to six years; 1, seven to eight years; 1, eight to nine years; 1, twenty-one years; the average duration being five years. Two were readmitted to family care, 4 remained in institutions, 3 died within one month, 1 within two months, 1 within four months and 2 within five months.

Of the 23 so transferred temporarily, 13 had boarded less than a year; 5, one to two years; 2, two to three years; 1, three to four years; 2, six to seven years; the average duration being one year, five months. Twelve were readmitted to family care within the year.

Transfers between Families.

There were 105 transfers between families. The reasons for such transfers are shown as follows: —

Self-support,	9
To friends,	5
Request of relatives,	3
Unable to continue self-supporting,	6
Patient dissatisfied,	21
Patient troublesome,	30
Caretaker ill,	11
Caretaker removes,	3
Caretaker unsuitable,	2
Patients no longer desired,	15

Deaths.

Two patients died; both after boarding from two to three years.

In addition, 8 patients died in institutions within six months after returning.

Escapes.

Five patients left their boarding places without leave. Three were found, one of whom was discharged to friends and the others returned to institutions. The whereabouts of two is unknown.

Families.

The 316 patients remaining Sept. 30, 1912, were in 147 families, the same as last year. Seventy-five families had one patient each; 18 families, 2; 14 families, 3; 25 families, 4; 12 families, 5; 3 patients found their own boarding places.

Thirteen of these patients were with relatives, 12 with interested friends.

Sixty-one new families applied for patients, 5 being rejected. Forty-eight new families were given patients within the year.

One family became unsuitable and patients were withdrawn.

Cities and Towns.

The patients remaining Oct. 1, 1912, resided in 55 cities and towns: —

Amesbury, 2; Arlington, 1; Ashland, 3; Attleborough, 1; Bel-
 lingham, 1; Berlin, 2; Billerica, 2; Boston, 5; Brockton, 1;
 Brookfield, 5; Cambridge, 1; Chelmsford, 1; Cummington, 1;
 Danvers, 1 Dover, 5; Easton, 2; Framingham, 5; Goshen, 2;
 Haverhill, 1; Hawley, 1; Holden, 1; Holliston, 8; Hopkinton,
 8; Hudson, 3; Leicester, 4; Lowell, 2; Marlborough, 1; Milford,

4; Needham, 4; New Bedford, 2; New Braintree, 1; Newton, 1; North Brookfield, 19; Norton, 2; Petersham, 2; Prescott, 1; Princeton, 1; Reading, 4; Revere, 1; Rochester, 1; Salem, 1; Somerville, 2; Southborough, 6; Spencer, 1; Taunton, 20; Tewksbury, 76; Tyngsborough, 1; Walpole, 5; Westborough, 52; Weymouth, 1; Whitman, 1; Williamsburg, 6; Wilmington, 26; Woburn, 4; Worcester, 1.

UNDER TRUSTEES.

The trustees of institutions were authorized, by chapter 458 of the Acts of 1905, to place their patients in the care of private families under substantially the same conditions as the State Board.

First patient boarded in a family, June 13, 1905. Since placed, 55 different patients.

Number in families, Oct. 1, 1912, 26, — 2 men and 24 women. Placed during the year, 21 persons, an increase of 17.

Number of families having patients, 18, an increase of 11; 13 families having 1 patient; 3 families, 2; 1 family, 3; 1 family, 4.

Number of towns in which patients are boarded, 13, an increase of 6. Largest number of patients in any one town, 5; of families, 2.

The general statistics for the year are:—

	1912.			INCREASE FOR THE YEAR.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
Remaining Sept. 30, 1911,	1	10	11	1 ¹	2	1
Admitted within the year,	2	19	21	2	14	16
Whole number of cases within the year,	3	29	32	1	16	17
Dismissed within the year,	1	5	6	—	2	2
Viz.; Returned to hospital,	1	5	6	—	4	4
Unsuitable, .	—	2	2	—	2	2
Temporarily,	—	1	1	—	1	1
Ill,	1	2	3	—	1	1
Died,	—	—	—	—	1 ¹	1 ¹
Discharged,	—	—	—	—	1 ¹	1 ¹
Remaining Sept. 30, 1912,	2	24	26	1	14	15
Supported by State,	—	14	14	—	7	7
Private,	—	7	7	—	5	5
Self-supporting,	2	3	5	1	2	3
Number of different persons within the year,	3	28	31	1	16	17
Number of different persons admitted,	2	19	21	2	15	17
Number of different persons dismissed,	1	5	6	—	2	2
Daily average number, .	90	15.22	16.12	1.07 ¹	7.28	6.21
State,	—	9.31	9.31	—	3.31	3.31
Private, .	—	2.90	2.90	—	1.36	1.36
Self-supporting,	.90	3.01	3.91	1.07 ¹	2.61	1.54

¹ Decrease.

THE ALLEGED INSANE, FEEBLE-MINDED AND EPILEPTIC IN ALMSHOUSES AND IN THE COMMUNITY.

The tentative arrangement has been continued with the State Board of Charity relative to the visitation of alleged insane, feeble-minded or epileptic persons who may be cared for in almshouses or private families under public support.

Six such cases were reported by the Board of Charity. One patient died and one was committed before a visit could be made. The remaining four cases were investigated by a medical officer of the Board of Insanity. No action was necessary.

Eight visits were made to almshouses and private families for special investigation by a medical officer of the Board.

THE STATE BOARD.

PROCEEDINGS.

Twenty Board meetings were held during the year.

Nine conferences with the trustees and superintendents of the different institutions were arranged to promote harmonious action with relation to appropriations, construction and general policy.

Twenty-eight visits of inspection were made by the Board, in addition to 418 by the executive officer, the deputy executive officer, the pathologist, assistant to executive officer, the financial agent and the director of industries.

Careful attention has been paid to all complaints as to commitment, discharge, death or treatment of patients, whether originating with the latter or otherwise. One hundred and thirty-one special investigations were made in regard to these and kindred matters relating to patients in institutions.

A new department called the department of standards was inaugurated by the Board in the early summer. Dr. Otto Folin was appointed chemist and Dr. Fred F. Flanders assistant chemist in this department. (See page 139.)

Licenses were granted during the year as follows: to Earle E. Bessey, M.D., in Newton, and to Samuel T. Davis, M.D., in Vineyard Haven, for the care and treatment of the insane, feeble-minded, epileptic and persons addicted to the intemperate use of narcotics or stimulants; also to Sarah E. Stevens, M.D., in West Roxbury, for the care and treatment of the insane.

The Board as directed by the Legislature, makes the following report relative to the needs of the insane of the Metropolitan District: —

To the Honorable Senate and House of Representatives.

The State Board of Insanity herewith respectfully presents its report as required by chapter 105, Resolves of 1912: —

Resolved, That the state board of insanity is hereby directed to investigate and report to the next general court, not later than January fifteenth, as to the needs of the insane of the metropolitan district and the best method of providing for the same, and, together with the trustees of the Boston state hospital, shall make such recommendations as may be deemed necessary or expedient relative to the development of the Boston state hospital.

The Board has consulted with the trustees of the Boston State Hospital relative to the development of that institution, and such parts of this report as relate to its development are in accord with their views.

The State Board of Insanity has considered the needs of the insane of the so-called Metropolitan District and the proper method of caring for them, and has considered the matter from the standpoint of —

1. State care as a whole.
2. State care as now provided residents of Boston.
3. Present needs.
4. Future development.

State care, as provided for in chapter 451, Acts of 1900, amended in chapters 321 and 400, Acts of 1903, went into effect Jan. 1, 1904.

Previous to the operation of the State care act, the insane, on Oct. 1, 1903, were cared for as shown in the following tabulation: —

	Supported by State.	Supported by Cities and Towns.	Supported privately.
In public institutions for insane,	2,315	5,607	688
Family care,	40	103	16
Almshouses and families,	—	680	
Private institutions,			234
	2,355	6,390	938

On Oct. 1, 1904, eight months after the establishment of State care, all insane under care, including those remaining in almshouses and in private families under State supervision, numbered 9,945, viz.: —

Private,	954
Reimbursing,	476
Supported at State expense,	8,515

The number under care in institutions has in general increased throughout the State in a certain relation to the increase in population. On Oct. 1, 1899, the insane in public institutions numbered 7,033. The capacity of State institutions Oct. 1, 1912, was 12,307, while the actual number under care at that time was 12,704.

Chapter 321, Acts of 1903, exempted the Boston Insane Hospital from the provisions of the State care act, and this hospital remained under the control of the city of Boston until 1908. In May, 1908, the State Board of Insanity made a special report, Senate Document No. 358, as to "The Best Method of Providing for the Insane." The Board in its report dealt in part with the needs of the Metropolitan District, recommending that the Boston Insane Hospital be purchased from the city and developed as a custodial and infirmary branch of a large institution for the insane of the Metropolitan District.

In addition, the following branches were advocated: —

1. A Psychopathic Hospital of 120 beds in Boston.
2. A voluntary and convalescent branch within a 10-cent car ride.
3. A farm colony within a 25-cent car ride.

Following this report the Legislature of 1908 provided for the purchase of the Boston Insane Hospital, and on Dec. 1, 1908, it passed into State care, now being known as the Boston State Hospital.

The Board immediately thereafter studied the existing institution, and with expert assistance outlined a comprehensive plan of development, which, in its essentials, is being followed in developing this institution into the infirmary branch of the Boston State Hospital.

The following table shows the capacity of the hospital when received by the State, the extensions recommended and those granted each year: —

Capacity Dec. 1, 1908,

764

	Extensions recom- mended for Patients.	Extensions granted for Patients.	Number of Patients provided for.
1909. Psychopathic Hospital,	\$236,000 ¹	\$236,000 ¹	100
1910. Addition to Butler building, Infirmary building for 300 patients and nurses,	39,000 235,714 ¹	39,000 235,714 ¹	24 300
1911. Alterations and repairs in south dormitory to pro- vide for 32 patients, . Group of 3 buildings for 104 farm patients, .	6,000 \$4,000		
1912. Alterations and repairs in south dormitory to pro- vide for 32 patients, . Building for patients of disturbed and excited class,	6,000 115,000	6,000 105,000	32 100
		\$621,714	556

¹ Proportionate part for patients.

Whole amount appropriated for Psychopathic Hospital,	\$600,000
Whole amount appropriated for infirmary building,	275,000

In 1908, in compliance with chapter 626 of the Acts of the same year, a site was selected for the location of a convalescent branch, which, because of local objection, was subsequently abandoned. This feature of development, although important, and one which in the immediate future should be again considered, has since been delayed until other features which seemed more pressing could be provided for.

The Psychopathic Hospital was authorized by chapter 470, Acts of 1909. This is located on Fenwood Road, Boston, and was opened July 1, 1912. It provides hospital accommodations for 100 patients and is capable of enlargement to 120.

The population of the city of Boston, according to the census of 1910, was 670,585, while the cities and towns in the Metropolitan District, exclusive of Boston, had a population of 707,850.

During the past year there were 1,035 commitments from Boston, and 583 commitments from the other cities and towns of the Metropolitan District. At the present time there are about 3,900 patients in institutions outside of Boston who are residents of the Metropolitan District, many of whom, because of the interest of friends and relatives, and because of the expense and difficulty of visiting them at a distance, should, with justice, be at a hospital within a reasonable distance.

The present capacity of the Boston State Hospital is 1,154. It will at once be seen that restrictions must of necessity be placed upon admissions to this institution. The State Board has restricted admissions to this hospital to "Insane persons who have been residents of Boston five years or more, and of such persons only those who have relatives actively interested in them and will visit them frequently."

Because of the limited accommodations, this period of residence may be still further increased. Such restrictions will be necessary until sufficient accommodations are provided at the Boston State Hospital. Rapid extensions at this hospital are necessary until it has reached a capacity of probably not less than 2,500 patients. Other extensions may then be made by the development of a colony in the country on less expensive land, which should, however, be within a 25-cent car fare, that relatives and friends may visit conveniently.

It appears, however, in spite of such development, that conditions demand the establishment of a second metropolitan institution, perhaps of the colony type, but equipped to care for the acute as well as the chronic insane, to which patients from the Metropolitan District would be committed. At present it is necessary to send patients from this district to either the Danvers, Worcester, Westborough or Taunton hospitals, all of which are at so great a distance that relatives and friends find it difficult to visit them.

Accessibility of patients to their relatives and friends, except in certain cases, is highly desirable, both from the standpoint of the patient and that of the relatives. It is a distinct benefit to the patient and a source of gratification to the relatives to see each other often. Many relatives, either because of their necessary occupation or because of the

expense of traveling, find it very difficult to visit at a distance, and this feature is being almost daily brought forward in numerous requests that patients may be sent to the Boston State Hospital, or that they may be returned there from other institutions. Because of limited accommodations at Boston it has been impossible to grant these requests, although it is difficult for relatives to understand why, feeling as they do that the patient should be near them.

As outlined in the Board's report of 1908, nearness of the hospital "promotes frequency of visitation, which encourages the patients and serves to maintain and stimulate the interest of friends. The sympathy of the latter leads them to provide many comforts which would be forgotten without the reminder of their presence. They are more likely to contribute to support, and are prompter in assuming care of patients when they are ready to leave the hospital. The expense of travel and loss of time of working people are much less. Hence, the observance of this principle is not only humane and considerate of the public, but conduces to material saving of money.

Furthermore, the hospital should come into closer touch with the people, be more alive to their needs, more sympathetic and responsive in meeting them; while the public should gain fuller knowledge of the purposes, methods of treatment and good intentions of the institutions, as well as keener appreciation of the great difficulties of dealing with patients with disordered senses and delusive ideas, who in sincerity may express their experience of many false sensations and their belief in imaginary abuses, which may be within the range of possibility, but, in the main, are found upon examination to be unreal and nonexistent. A better understanding of each other by closer contact would dissipate erroneous impressions and distrust, and beget mutual confidence and esteem."

The desire of relatives that patients be near them is reasonable, should be met, and will be as fast as additional accommodations become available, but to satisfy the just demands of the Metropolitan District will require rapid growth of the present Boston Hospital, and also the establishment of a second metropolitan hospital as outlined above.

The Board therefore recommends an appropriation of \$100,000 for the purchase of land for the establishment of another hospital for the insane of the Metropolitan District, according to the accompanying resolve.

Respectfully submitted,

HERBERT B. HOWARD, *Chairman,*
For the State Board of Insanity.

RESOLVE TO PROVIDE FOR THE PURCHASE OF LAND FOR A HOSPITAL FOR
THE INSANE OF THE METROPOLITAN DISTRICT.

Resolved, That there be allowed and paid out of the treasury of the commonwealth, a sum not exceeding one hundred thousand dollars, to be expended under the direction of the state board of insanity, subject to the approval of the governor and council, for the purchase of land for the establishment of a hospital for the insane of the metropolitan district.

PLANS AND SPECIFICATIONS

have been examined and approved by the Board as follows: —

Worcester Hospital. — Additions to main building (chapter 129, Resolves of 1912) approved Dec. 21, 1911. Alterations and repairs on Salisbury ward (chapter 129, Resolves of 1912) approved Dec. 21, 1911.

Taunton Hospital. — Two colony buildings (chapter 93, Resolves of 1912) approved Dec. 21, 1911. Dining-room building (chapter 93, Resolves of 1912) approved Dec. 21, 1911. Modifications approved November, 1912.

Boston Hospital. — Additions, electric light and power plant (chapter 118, Resolves of 1912) approved Dec. 21, 1911. Service building and bakery (chapter 118, Resolves of 1912) approved Dec. 21, 1911. Alterations, south dormitory of men's department (chapter 118, Resolves of 1912) approved Dec. 21, 1911. Home for male nurses (chapter 118, Resolves of 1912) approved Dec. 21, 1911. Building for 100 female patients (chapter 118, Resolves of 1912) approved Dec. 21, 1911.

Worcester Asylum. — Two buildings for 50 patients each (chapter 132, Resolves of 1912) approved Dec. 21, 1911.

Medfield Asylum. — Three cottages for employees and nurses (chapter 91, Resolves of 1912) approved Dec. 21, 1911.

Gardner Colony. — Two cottages for patients (chapter 97, Resolves of 1912) approved Dec. 21, 1911.

Monson Hospital. — Employees' cottage (chapter 94, Resolves of 1912) approved Dec. 21, 1911. Ice house (chapter 94, Resolves of 1912) approved Dec. 21, 1911. Cow stable (chapter 94, Resolves of 1912) approved Dec. 21, 1911.

Wrentham School. — Two dormitories (chapter 94, Resolves of 1912) approved Dec. 21, 1911. House for employees (chapter 94, Resolves of 1912) approved Dec. 21, 1911. Schoolhouse and assembly hall (chapter 94, Resolves of 1912) approved Dec. 21, 1911. Modifications approved April, 1913. Carriage and tool house (chapter 94, Resolves of 1912) approved Dec. 21, 1911.

ESTIMATES OF STATE EXPENSES FOR 1913

on account of the insane, feeble-minded, epileptic and inebriates in Foxborough State Hospital amount to \$5,077,568.89, excluding estimates for maintenance of the insane department of the

State Infirmary and the Bridgewater State Hospital, whose estimates are inseparable from those of the institutions as a whole, which are supervised by the State Board of Charity. They comprise estimates by the State Board and by the State institutions.

ESTIMATES BY THE STATE BOARD.

For traveling, office and contingent expenses, including the printing and binding of the annual report,	\$11,000
The increase in the estimate for traveling, office and contingent expenses, etc., is due to the maintenance of a department of standards.	
For salaries of officers and employees,	\$43,000
This estimate is the same as the appropriation of the previous year.	
For transportation and medical examination of State charges under the supervision of the Board,	\$11,000
The amount requested for transportation and medical examination of State charges under the supervision of the Board is \$500 less than was appropriated for 1912.	
For the support of State charges boarded out in families, under the supervision of the Board, or temporarily absent under authority of the same,	\$46,000
The increase in the estimate for the support of State charges boarded out in families, etc., provides for an increase in the number, based upon actual expenditures for 1912.	
For the support of State charges in the Hospital Cottages for Children,	\$9,500
The amount requested for the support of State charges in the Hospital Cottages for Children is \$3,000 less than was appropriated for 1912.	
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof,	\$2,500
This estimate is the same as the appropriation of the previous year.	

ESTIMATES BY STATE INSTITUTIONS

relate (1) to maintenance expenses, inclusive of repairs and improvements, and (2) special expenditures for new buildings, additions, new furnishings and equipment, in the main.

ESTIMATES FOR MAINTENANCE EXPENSES

of the State institutions have been considered by the Board, as required by section 5, chapter 504, Acts of 1909, and are approved according to the following classification: —

It thus appears that the estimates for maintenance of State institutions under the supervision of the Board, exclusive of State Infirmary and the Bridgewater State Hospital, amount to \$3,423,043.89, compared with \$3,151,170.02 expended in 1912, — an increase of \$271,873.87, or 8.63 per cent.

The average number of inmates in these institutions next year it is estimated will be 14,290, compared with 13,631 the past year, — an increase of 659, or 4.83 per cent.

The increase in this year's estimates is largely due to the increase in the number of inmates to be cared for. The estimates for salaries, wages and labor call for an increase of \$117,073.34, or 43.06 per cent. of the total increase of maintenance expenses. The estimates for food call for an increase of \$41,963.03, or 15.44 per cent. of the total increase of maintenance expenses. The estimate for repairs and improvements calls for an increase of \$38,456.23, or 14.15 per cent. of the total increase of maintenance expenses. These three items account for 72.65 per cent. of the total increase of maintenance expenses.

The Insane in State Institutions

on Oct. 1, 1912, numbered 12,704, being 1 insane person to every 276 of the estimated population of the State. The increase under care for the year was 417, for the past five years 500, and for the past ten years, 385.

There are 12,307 available permanent beds in the institutions for the insane, so that there was on Oct. 1, 1912, an overcrowding of 397. There are, however, buildings in process of construction for 544 patients, granted by the Legislature of 1912. Assuming that 400 of these beds are ready for occupancy at the close of 1913, it will thus be seen that with an increased number of patients, viz., 500, — the average for the past five years, — there will be at that time a probable overcrowding of 497, while appropriations granted by the Legislature of 1913 will not become available until nearly two years later. This number cannot be increased without a resulting lowering of a desired standard of treatment and care. It is therefore important that the accommodations for 572 patients and 291 nurses planned for this year be granted.

The Feeble-minded and Epileptic (Sane)

cared for in the two schools for the feeble-minded and the Monson State Hospital on Oct. 1, 1912, numbered 2,380, and were accommodated as follows:—

Massachusetts School for the Feeble-minded at Waltham,	1,441
Wrentham State School,	404
Monson State Hospital (epileptic),	535

The increase of these two classes for the year was 271, against 129 last year, and 174, the average annual increase for the last five years.

Provisions for 345 patients and 66 nurses are this year planned for at Wrentham, together with necessary enlargements and extensions of the present plant. In view of the large number awaiting admission who are actually in need of State supervision, 345 is, in our opinion, the minimum number to be provided for.

ESTIMATES FOR SPECIAL APPROPRIATIONS

of the State institutions under supervision of the Board, together with the plans and specifications prepared by the several boards of trustees, have been considered, as required by section 5, chapter 504, Acts of 1909, and are classified below, under institutions, accompanied by the opinion of the Board as to their necessity and expediency.

Worcester State Hospital.

Constructing and furnishing one cottage for employees,	\$8,675
Alterations in female nurses' home to provide accommodations for 22 additional nurses,	8,000
Finishing and furnishing old farmhouse,	4,600
New sewer pipe line,	7,500
	<hr/>
	\$28,775

The above estimates are approved by the State Board.

In addition, the trustees request an appropriation of \$75,000 for the construction of new laundry and for alterations in the present laundry for use as a general dining room for patients. The State Board recommends that this item be deferred until

such time as the sewage disposal of the institution is satisfactorily provided for and needed improvements of the present building more nearly completed. The trustees also requested two cottages for employees, but the Board has approved only one for construction this year.

Northampton State Hospital.

While final plans and estimates for certain additions are being considered by the Board of Trustees, these plans have not as yet been presented to the State Board.

Danvers State Hospital.

Constructing and furnishing home for 61 male nurses,	\$45,000
Constructing barn at Middleton colony,	6,000
	<hr/>
	\$51,000

The above estimates are approved by the State Board.

In addition the trustees desire to erect a warehouse near the railroad station that supplies may be purchased to better advantage and handled more conveniently and economically. The State Board feels that there is need of this warehouse, but requirements of other departments appear to be more pressing this year, and it is, therefore, recommended that this item be deferred for the present.

Westborough State Hospital.

Constructing and furnishing infirmary building for 150 women patients,	\$135,000
For additions and alterations on women's wards,	13,000
Central power and heating plant,	71,250
Constructing and furnishing home for 22 nurses,	10,000
Purchase of Collins farm,	4,250
	<hr/>
	\$233,500

The above items are approved by the State Board.

The necessity for the addition and alterations on women's wards is even greater than last year, when a similar appropriation was requested. These wards are unsanitary, in a bad state of repair, and in every way unsuited for the care of the insane. The infirmary building is badly needed, that ill and infirm patients now cared for in the ordinary wards may be better classified and treated.

Boston State Hospital.

Constructing and furnishing reception building to accommodate 48 male patients,	\$52,000
Constructing four cottages in men's industrial group, to accommodate 26 patients each,	64,000
Constructing two cottages for farm patients, to accommodate 52 patients each,	62,000
Constructing dining room to serve industrial and farm groups,	18,000
Constructing kitchen and dining room building for patients and employees in east group,	42,000
Constructing home for 82 women nurses,	60,000
Constructing group of farm buildings, comprising storage barn, horse stable and dairy stable,	38,500
Extending present boiler house at east group and installing conduit and piping to make this serve the entire institution,	157,000
Extension of sewer and water systems to proposed new buildings,	10,500
	<hr/>
	\$504,000

The above estimates are approved by the State Board.

The trustees have requested an appropriation of \$6,000 for alterations in the Fisher building and \$5,000 for renovating "C" building. In the opinion of the State Board these repairs may properly be done from the appropriation for maintenance. Ten thousand dollars is requested for boundary wall and fence. The State Board is of the opinion that this work should be delayed until such time as the demand for enlargement for patients is not as pressing as at the present time. An appropriation for a fire-alarm system and walks and planting, \$3,200, does not receive the approval of the State Board, the Board believing that such parts as are considered immediately necessary may be provided for in the maintenance appropriation of the hospital. Eight thousand five hundred dollars is requested for books and apparatus at the Psychopathic Hospital. The State Board is of the opinion that these should be purchased from year to year from the maintenance appropriation of the psychopathic department.

Worcester State Asylum.

Constructing and furnishing kitchen and dining room building at Colony No. 2,	\$23,000
Purchase of Sinclair house and barn,	10,000
Constructing barn for 60 cows,	8,500
Repair of old house at Colony No. 2,	3,300

One new boiler, 150 horse power,	\$2,000
Filter bed enlargement,	25,000
Water supply and development of reservoir,	16,000
One motor generator,	5,900
Constructing and furnishing home for 60 male nurses,	49,000

Chapter 679, of the Acts of 1912, provides for the removal of the Worcester Asylum to the colony at Grafton. The appropriation granted for this has been found insufficient, and the two following items are necessary to carry out the provisions of this act.

Constructing and furnishing home for 44 female nurses,	\$36,300
Constructing and furnishing service building, central kitchen and dormitory at Colony No. 4,	48,000
	<hr/>
	\$227,000

The above estimates are approved by the State Board.

Gardner State Colony.

Constructing and furnishing two cottages for 30 patients each, at \$12,000,	\$24,000
Constructing verandas on male and female receiving wards,	3,000
	<hr/>
	\$27,000

The above estimates are approved by the State Board.

In addition the trustees desire to purchase the "Hiram Ray Estate" adjoining and partly surrounded by the colony, but inasmuch as a higher price is now demanded by the owner than was requested three years ago, when the same estate was in the market, the State Board is of the opinion that the purchase of this place may be deferred without detriment to the colony. One thousand dollars is also requested for miscellaneous farm buildings which, in the opinion of the State Board, should be constructed out of the maintenance appropriation.

Monson State Hospital.

Constructing a building for 106 insane male patients, including extension of the farm group kitchen,	\$130,000
Addition to kitchen building and dining room at the main group,	28,500
Constructing employees' cottage,	6,500
	<hr/>
	\$165,000

The above estimates are approved by the State Board.

In addition the trustees request an appropriation of \$7,500 for constructing a cow barn. The State Board recommends that this be deferred until the cow barn now under construction be completed and in use. The trustees desire to purchase a cottage for employees for \$3,500. This is some distance from the hospital land and the State Board recommends that this measure be deferred. An appropriation of \$1,500 for installing a telephone cable from main plant to farm group is requested, but as this cable is to care for buildings not yet constructed, we recommend that temporary connections be made and a cable installed when the needs demand it.

Wrentham State School.

Constructing and furnishing custodial building to accommodate 135 patients,	\$72,000
Constructing and furnishing two dormitories to accommodate 210 patients,	100,000
Constructing and furnishing three homes to accommodate 66 nurses,	43,500
Constructing administration building,	22,000
Additions to power house, including additional boilers and distributing mains,	28,000
Additions to service building,	25,000
Laundry equipment,	2,000
Stone crusher, steam drill and boiler,	2,750
	<hr/>
	\$295,250

The above estimates are approved by the State Board.

SUMMARY OF RECOMMENDATIONS FOR SPECIAL APPROPRIATIONS.

Insane.

Constructing, furnishing and equipping buildings for patients and nurses,	\$675,300
Number of patients provided for,	572
Average per capita cost,	\$816 43
Number of nurses provided for,	291
Average per capita cost,	\$715 80
Patients and nurses provided for,	863
Average per capita cost,	\$782 50
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	543,475
	<hr/>
Total,	\$1,218,775

Feeble-minded.

Constructing, furnishing and equipping buildings for patients and nurses,	\$215,500
Number of patients provided for,	345
Average per capita cost,	\$498 55
Number of nurses provided for,	66
Average per capita cost,	\$659 09
Patients and nurses provided for,	411
Average per capita cost,	\$524 33
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	79,750
Total,	<hr/> \$295,250

Epileptic (Sane).

Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$17,500
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All classes.

Constructing, furnishing and equipping buildings for patients and nurses,	\$890,800
Number of patients provided for,	917
Average per capita cost,	\$696 83
Number of nurses provided for,	357
Average per capita cost,	\$705 32
Patients and nurses provided for,	1,274
Average per capita cost,	\$699 21
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$640,725
Total,	<hr/> \$1,531,525

FINANCIAL STATEMENT.

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1912.

APPROPRIATIONS AND RECEIPTS.							
	Balance brought forward by State Auditor.	Appropriations.	CASH RECEIPTS ON ACCOUNT OF —				Totals.
			Family Care.	State Institutions.	Refunds.	Interest on Bank Account.	
Traveling, office and contingent expenses,	-	\$9,500 00	-	-	-	-	\$9,500 00
Salaries and wages of officers and employees,	-	43,000 00	-	-	-	-	43,000 00
Transportation and medical examination of State charges,	-	11,500 00	-	-	-	-	11,500 00
Support of State charges boarded out in families,	-	43,500 00	-	-	-	-	43,500 00
Support of State charges in Hospital Cottages for Children,	-	12,500 00	-	-	-	-	12,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof,	-	2,500 00	-	-	\$1 00	-	2,501 00
Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911.	\$244,102 97	-	-	-	-	-	244,102 97
Cash received in reimbursement for the support of patients,	-	-	\$1,858 92	\$46,461 20	-	\$75 08	48,395 20
	\$244,102 97	\$122,500 00	\$1,858 92	\$46,461 20	\$1 00	\$75 08	\$414,999 17

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1912 — Concluded.

	EXPENDITURES AND REMITTANCES.				
	Expenditures from Ap- propriations.	Balance.	Paid to State Institutions.	Paid to State Treasurer.	Totals.
Traveling, office and contingent expenses,	\$3,330 66	\$169 34	-	-	\$9,500 00
Salaries and wages of officers and employees,	40,203 00	2,797 00	-	-	43,000 00
Transportation and medical examination of State charges,	9,860 85	1,639 15	-	-	11,500 00
Support of State charges boarded out in families,	41,375 85	2,124 15	-	-	43,500 00
Support of State charges in Hospital Cottages for Children,	9,229 55	3,270 45	-	-	12,500 00
For investigation as to the nature, causes, results and treatment of mental disease and defect and the publication of the results thereof.	2,494 22	6 78	-	-	2,501 00
Payment of damages and other expenses incurred in the taking of land for the Boston State Hospital, chapter 65, Resolves of 1911.	234,650 75	9,452 22	-	-	244,102 97
Payments of cash received in reimbursement for the support of patients,	-	-	\$46,461 20	\$1,934 00	48,395 20
	\$347,144 88	\$19,459 09	\$46,461 20	\$1,934 00	\$414,999 17

FAMILY CARE OF THE INSANE UNDER THE STATE BOARD.

Under chapter 504, section 71, Acts of 1909, the Board places in private families certain suitable inmates of the institutions under its supervision. For a full report of this work as conducted by the Board and by the trustees of certain institutions, see page 101.

THE SUPPORT DEPARTMENT.

The agents of this department visit all the hospitals and take the histories of all patients committed as public charges. For the year ending Nov. 30, 1912, they made 122 visits and obtained the histories of 3,243 patients.

If a patient appears to have no legal claim upon this State for support, further investigations are made to determine where he does belong, and when determined the case is referred to the deportation department for action.

The financial condition of those entitled to remain in our institutions is investigated, and when the patient is of sufficient ability, or relatives legally liable have sufficient means, arrangements for support are made, and the weekly rate determined upon is referred to the Board for their approval. If the means are sufficient to pay a private rate, the hospital is notified, and when the arrangements are completed at the hospital the patient becomes a private charge.

The provisions of chapter 504 of the Acts of 1909, concerning the appointment of guardians, sale of real estate by guardians and the final accounts of guardians, have proved of the greatest assistance in the work of this department. With the burden of support now resting upon the State instead of upon the cities and towns, it is eminently proper that the State should have the same authority in the matter of support and in reference to the property of the patients as was formerly vested in the local authorities. Section 7 of chapter 504 of the Acts of 1909 gives that authority.

In making the necessary investigations and in determining the reimbursing rate, great care is taken that no hardships shall be imposed upon those who are called upon to contribute towards the support of patients. As the provisions of law become better known in the community, and it appears that the State is making

no unreasonable demands, the reimbursement is more easily secured.

Sections 99, 100, 101 and 102 of chapter 504 of the Acts of 1909, relating to guardians, while they have materially increased the work of the office, the extra work involved has been more than compensated for by the increased returns.

As State care covers not only the insane but the feeble-minded, epileptics and dipsomaniacs, all these classes of patients are included in the work of this department.

The following statement shows in detail the work for the year ending Nov. 30, 1911:—

Visits to the hospitals,	122	
Histories taken at the hospitals,	3,243	
Visits to relatives of patients and others for investigation,	1,821	
Cases submitted for deportation to the United States Commissioner of Immigration,	117	
Cases submitted for deportation by the Board,	171	
Cases pending,	524	
New cases,	800	
	<hr/>	1,324
Made private,	119	
Made reimbursing,	356	
Accepted as State charges,	330	
Pending Nov. 30, 1912,	519	
	<hr/>	1,324

Private Cases.

Cases pending Nov. 30, 1911,	26	
New cases reported to the hospitals,	135	
	<hr/>	161
Reported by hospitals as having been made private,	119	
Made reimbursing,	9	
Dropped, accepted as State charges,	10	
Pending,	23	
	<hr/>	161

Reimbursing Cases.

Cases remaining Nov. 30, 1911,	715	
New cases,	356	
	<hr/>	1,071
Made private of the above,	6	
Died,	80	
Discharged or on visit Nov. 30, 1912,	161	
Dropped, accepted as State charges,	60	
Remaining in hospitals Nov. 30, 1912,	764	
	<hr/>	1,071
Cases referred to the Attorney-General,		9

Number and Board Rates of Reimbursing Patients for the Year ending Nov. 30, 1912.

INSTITUTION.	DAILY AVERAGE NUMBER.		Average Weekly Per Capita Rate.	NUMBER OCT. 1, 1912.		UNITED STATES DEPARTMENT CASES.	
	Males.	Females.		Males.	Females.	Daily Average Number.	Average Weekly Per Capita Rate.
Worcester Hospital,	50.90	69.13	\$3.23	52	64	3.48	\$5.01
Taunton Hospital,	42.61	41.03	3.21	34	42	1.37	5.02
Northampton Hospital,	34.75	50.89	3.24	43	50	1.02	5.00
Danvers Hospital,	47.56	96.66	3.31	52	94	1.48	5.01
Westborough Hospital,	30.84	53.73	3.20	38	62	1.90	5.01
Boston Hospital,	19.55	41.17	3.04	17	52	.33	5.00
Worcester Asylum,	19.78	24.11	3.01	18	24	-	-
Medfield Asylum,	29.48	50.18	3.06	19	37	-	-
Gardner Colony,	5.32	2.25	2.69	6	3	-	-
Monson Hospital,	10.38	12.48	2.81	16	23	.55	5.02
Foxborough Hospital,	10.99	-	3.09	8	-	-	-
School for the Feeble-minded at Waltham,	1.25	2.64	3.77	2	3	-	-
Wrentham School,	1.04	3.85	1.91	2	4	-	-
Mental Wards, State Infirmary,	2.22	12.32	3.30	1	5	1.22	5.01
Bridgewater Hospital,	3.60	-	3.43	4	-	-	-
Hospital Cottages for Children,	-	-	-	2	1	-	-
Family care,	.06	12.49	2.87	1	16	-	-
Totals,	310.33	472.93	\$3.17	315	480	11.29	-

Receipts for Support of Reimbursing Patients.

LOCATION OF PATIENTS.	Year ending Nov. 30, 1911.	Year ending Nov. 30, 1912.	Total since Jan. 1, 1904.
Worcester Hospital, .	\$18,001 36	\$21,065 25	\$136,504 88
Taunton Hospital, . .	13,711 87	14,340 55	102,466 56
Northampton Hospital,	15,292 13	14,688 82	104,054 41
Danvers Hospital, . .	25,538 87	25,194 79	174,585 61
Westborough Hospital, .	14,863 76	14,586 92	102,296 81
Boston Hospital,	7,410 81	9,770 98	39,245 68
Worcester Asylum,	7,878 47	6,859 49	48,381 54
Medfield Asylum, .	10,384 62	12,686 71	68,378 07
Gardner Colony, .	1,227 28	1,059 93	8,255 90
Monson Hospital, . . .	3,192 60	3,464 67	18,774 07
Foxborough Hospital,	1,089 46	1,763 48	4,263 79
School for the Feeble-minded at Waltham,	1,556 82	763 20	3,469 16
Wrentham School, .	220 13	492 89	713 02
Mental Wards, State Infirmary,	2,218 00	2,813 10	9,528 15
Bridgewater Hospital,	411 00	641 59	3,443 41
Hospital Cottages, . .	228 58		666 70
Family care,	1,330 23	1,874 12	7,529 04
Foxborough (labor), . .	1,527 95	993 46	2,521 41
Almshouses,			923 66
Totals,	\$124,083 94	\$133,059 95	\$836,001 87

Average Numbers and Percentages of State, Reimbursing and Private Patients during the Year ending Sept. 30, 1912.

	STATE.		REIMBURSING.		PRIVATE.		Total Average Number.
	Average Number.	Percentage.	Average Number.	Percentage.	Average Number.	Percentage.	
Insane: —							
Public institutions, . .	11,036	87.69	747	5.94	802	6.37	12,585
Family care,	249	84.98	13	4.44	31	10.58	293
Totals, public,	11,285	87.63	760	5.90	833	6.57	12,578
Private institutions,	—	—	—	—	416	—	416
Totals, public and private, .	11,285	84.89	760	5.72	1,249	9.39	13,294
Other classes: —							
Public institutions, . .	2,444	94.47	23	0.89	120	4.64	2,587
Private institutions,	—	—	—	—	68	—	68
Totals, public and private, .	2,444	92.05	23	0.87	188	7.08	2,655
Insane and other classes, .	13,729	86.08	783	4.91	1,437	9.01	15,949

DEPORTATION.

There were considered for deportation 378 cases, compared with 338 for the previous year. The Board deported 66 to other States, 66 to other countries,—in all 132. In addition, the United States Immigration Commissioner deported 84. Altogether, 216 have been deported since Dec. 1, 1911.

Since Oct. 1, 1898, 1,674 persons have been deported by the Board, of whom 50 returned once, 10 twice and 1 four times. Of those returning, 12 are now in institutions in this State.

Details of the disposition of cases under consideration for deportation are shown in the following table:—

	STATE BOARD.			UNITED STATES IMMIGRATION COMMISSIONER.			TOTALS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	1911.	1912.	Increase.
Cases pending, Nov. 30, 1911,	53	25	78	7	10	17	60	35	95	103	95	8 ¹
Since reported by support agent,	132	57	189	56	38	94	188	95	283	235	283	48
Total cases under consideration,	185	82	267	63	48	111	248	130	378	338	378	40
Deported,	94	38	132	47	37	84	141	75	216	165	216	51
Viz.: Other States,	48	18	66				48	18	66	49	66	17
Other countries,	46	20	66	47	37	84	93	57	150	116	130	34
Discharged,	17	5	22	1	1	2	18	6	24	27	24	3 ¹
Viz.: Care of friends,	12	5	17	1	1	2	12	6	18	22	18	4 ¹
Escaped,	4	—	4	1	—	1	5	—	5	5	5	—
Returned to penal institutions,	1	—	1	1	—	1	1	—	1	—	1	1
Died,	4	2	6	—	—	—	4	2	6	4	6	2
Withdrawn,	1	1	2	9	7	16	10	8	18	15	18	3
Viz.: Private patients,	1	1	2	—	1	1	1	2	3	6	3	3 ¹
Rejected by Immigration Commissioner,	—	—	—	—	6	6	9	6	15	9	15	6
Dropped from further consideration,	17	11	28	9	—	—	17	11	28	32	28	4 ¹
Viz.: Impracticable to deport,	14	9	23	—	—	—	14	9	23	25	23	2 ¹
No place to go,	3	2	5	—	—	—	3	2	5	7	5	2 ¹
Total cases closed,	133	57	190	57	45	102	190	102	292	243	292	49
Cases pending, Nov. 30, 1912,	52	25	77	6	3	9	58	28	86	95	86	9 ¹
Viz.: Under sentence,	11	—	11	—	—	—	11	—	11	11	11	—
Not in condition to deport,	14	8	22	—	—	—	14	8	22	34	22	12 ¹
Awaiting action,	27	17	44	6	3	9	33	20	53	50	53	3

¹ Decrease.

TRANSFERS.

Seven hundred and twenty-seven patients have been transferred within the year: 544 between public institutions; 132 between public institutions and families; 34 between public and private institutions; and 17 between private institutions.

FINANCIAL DEPARTMENT.

The history of the establishment of this department and its subsequent procedure has been minutely described in the reports for the two preceding years. Therefore, only a brief outline of its functions is hereby submitted.

In common with other branches of the Board of Insanity its duties are limited to supervision, and do not extend to administration. The institutions devoted to the care of the insane, etc., spent during the year ending Nov. 30, 1912, for maintenance, \$3,388,520.37, and for the erection of buildings, new furnishings, etc. (otherwise known as special appropriations), \$867,134.35. The analysis of this outgo from an economic standpoint, and the presentation to the institutions of the facts and results obtained, constitutes an important part of the duties of the department. By law all bills rendered the institutions for supplies furnished them are rendered in duplicate, and there is always a file available at the State House for inspection. All bills are examined by this department, and every purchase is scrutinized. Nothing can be paid for which does not pass under its observation. Every class of commodity is bought, and although no purchase escapes its attention, it is impractical that its records should extend over the entire list of articles purchased. Accordingly, classes of goods are selected by reason of the amount of money involved in their purchase, the wide extent of their consumption, or if for any other reason they are a prominent feature.

In most instances these records are given to the institutions in the form of bulletins or schedules of prices paid, issued monthly, and representing purchases of the preceding month. The form follows:—

Eggs, November, 1912.

Quantity (Dozen).	Rate per Unit.	Cost.	Quantity (Dozen).	Rate per Unit.	Cost.
<i>Worcester Hospital.</i>			<i>Medfield Asylum.</i>		
6	\$0 580	\$3 48	60	\$0 495	\$29 70
2,850	230	655 50	120	475	57 04
<i>Taunton Hospital.</i>			60	446	26 74
600	\$0 267	\$160 38	840	238	199 52
180	257	46 33	<i>Monson Hospital.</i>		
<i>Danvers Hospital.</i>			5	\$0 480	\$2 40
1,050	\$0 250	\$262 50	3	420	1 26
<i>Worcester Asylum.</i>			1,050	250	262 50
300	\$0 250	\$75 00	<i>School for the Feeble-minded at Waltham.</i>		
			1	\$0 450	\$0 45
			1	400	40
			600	250	150 00

None bought at other institutions.

For the year upon which this report is based the quotations have covered the following articles of merchandise: —

Food.

Butter.

Butterine.

Beans.

Cereals: —

cornstarch.

graham.

hominy.

bolted meal.

granulated meal.

oatmeal.

rolled oats.

rice.

rye.

tapioca.

Cheese.

Dried fruits: —

apples, evaporated.

apricots, evaporated.

citron.

Dried fruits — *Con.*

currants.

dates.

figs.

peaches, evaporated.

prunes.

raisins.

Eggs.

Flour.

Fish: —

clams.

cod.

haddock.

halibut.

miscellaneous.

mixed.

oysters.

pollock, cusk and hake.

salmon.

*Food—Concluded.**Fish—Con.*

salt fish.
 scallops.
 smoked fish.

*Meat:—**Beef:—*

backs.
 chucks.
 corned.
 fores.
 frankfurts.
 hinds.
 live.
 loins.
 miscellaneous.
 plates.
 rattles.
 ribs.
 rounds.
 rumps and rounds.
 sides.
 tripe.

Meat—Con.

Lamb and mutton.

Veal.

Pork:—

bacon.
 fresh pork.
 ham.
 salt pork.
 sausages.
 shoulders.

Chicken.

Fowl.

Game.

Turkey.

Molasses.

Sugar:—

brown.
 granulated.

Tea.

Coffee.

Potatoes.

Hay, Grain and Commercial Feedstuffs.

Alfalfa.

Beef scraps.

Bibby.

Brewery grain.

Buckwheat.

Chicken feed.

Corn.

Cracked corn.

Dairy feed.

Gluten.

Hay.

Hominy.

Linseed.

Meal.

Middlings.

Mixed feed.

Oats.

Oyster shells.

Provender.

Rye.

Straw.

Wheat.

Mechanical Supplies.

Cement.

Lead.

Lime.

Oils.

Paints.

Painters' supplies.

Plaster.

Turpentine.

Varnish.

Zinc.

Liquors.

Brandy.	Whiskey.
Gin.	Wine.
Rum.	

Sedatives.

Ammonium bromide.	Morphine sulphate.
Apomorphia.	Trional.
Chloroform.	Neuronidia.
Codeine muriate.	Laudanum.
Codeine sulphate.	Opium.
Sulphonol.	Potassium bromide.
Dover's Powders.	Sodium bromide.
Ether.	Strontium bromide.
Hyoscine hydrobromide.	Veronal.

*Tobacco.**Medical Supplies.*

Absorbent cotton.	Clinical thermometers.
Absorbent gauze.	Hypodermic needles.
Gauze bandages.	Hypodermic syringes.

Furnishings.

Bedsteads and springs.	pads.
Bedding:—	mattresses.
sheets.	Burlap.
pillows.	Cotton tufts.
pillow cases.	Curled hair.
blankets.	Mattress twine.
quilts.	Ticking.
spreads.	

Coal.

The same list is not adhered to year by year, but articles are added as they become important for any reason and others are dropped as the prices become uniform, to be returned to if in the judgment of the financial agent it is again necessary.

By means of these bulletins each institution is informed of what all the others have purchased in the previous month, and may compare their prices with its own.

There are, of course, many variations in the prices paid, due in a measure to difference in quality. That these differences in quality necessarily occur may be deduced from the fact that the institutions in this group care for various classes of patients with different requirements of food, clothing, medical care, etc. Two are devoted to the care of feeble-minded children, and the remainder are for adults, but these latter are of four types, namely, — epileptics, inebriates, insane in incipient stages and the chronically insane. The care of several classes of patients implies a difference in the methods of treatment, diets, clothing and housing conditions, and a corresponding contrast in the grades of goods bought, which contrast is reflected in the prices paid.

The bulletins above alluded to, although they contain as accurate a description as possible of the character, grade, etc., of the goods purchased, must of necessity fail to contain the whole story, as figures are insufficiently plastic to portray all the facts. Therefore the practice of holding monthly meetings of the purchasing agents, or those having charge of the buying in each institution, has been in force for some years, and the financial agent of the Board of Insanity attends as the representative of that Board. At these meetings the reasons for variations in prices are inquired into, an explanation of the difference in grades and the reasons for their use are advanced, and if, after the facts have been presented, it is found that an institution has a legitimate cause for using a higher-priced product or another grade of article from that which is common to the others the matter is abandoned. If the institution is at fault it soon makes the necessary change.

The tendency of modern buying among institutions and in large corporations having branches in different localities is towards standardization, and while, as has been above illustrated, there are many articles upon which it is impossible to unite, owing to the individual needs of separate institutions, still, it is equally true that there are many things common to all upon which specifications may be issued with a request for bids thereon. In these instances combination purchases are made, thereby securing whatever advantage accrues from a large-sized order. It has been demonstrated, however, that there is a limit to the size of the order which dealers care to fill. It has not been the experi-

ence of this department that any one coal dealer cared to supply all the institutions in this group, although the proposition has been submitted broadcast to all the dealers in the State. It has certainly been clearly demonstrated that no advantage can be obtained by increasing the size of a sugar order beyond a certain amount. This is true of cereals, grain and many commodities.

It is the constant policy of this department to encourage and assist the institutions to standardize so far as it is practicable to do so, and then to buy in such quantities as will secure the most advantageous prices. It may here be stated that in this endeavor it has received most cordial co-operation from the institutions with which it deals, with what seem to be very satisfactory results.

The following is shortly descriptive of some of the subjects taken up in the year just ended, and the results obtained:—

BEANS.

New York pea beans to the amount of 1,700 bushels were needed to supply the institutions, and proposals were submitted to 21 firms. Eleven responded, their bids ranging from \$2.50 to \$2.85. The contract was awarded to the lowest bidders. The firms invited to quote prices were situated in Boston, Worcester, Springfield, Gardner, Fitchburg, Lawrence and Salem. Any others might have bid who cared to. The average price of beans for the year on the Boston market was \$2.86 for this grade.

POTATOES.

In former years combinations have been effected on this commodity, but it was found on this occasion that the institution farms had produced so plentifully that the required supply was small.

CLOTHING.

At the request of the superintendent of industries of the Massachusetts State Prison, presented at a meeting of the purchasing agents, the institutions standardized on underwear, sweaters, etc., in order that the industrial department of the prison might adapt its machines to the requirements and prepare a sufficient quantity for later needs.

HARDWARE AND TOOLS.

In the year previous to this the institutions had combined on certain kinds of hardware, such as farm tools and implements, etc., but the representatives of the institutions who entered into this combine were of the opinion that the quality they had obtained was not up to the standard of previous purchases, and that it was almost impossible to make specifications sufficiently clear to enable the dealers to quote prices intelligently.

EGGS.

At a special meeting held May 1 bids for furnishing to the institutions 3,245 cases, or 97,350 dozens, of eggs were received in response to 19 invitations to submit prices which had previously been sent out. The prices varied from $21\frac{7}{8}$ cents to $27\frac{1}{2}$ cents. The purchase involved the sum of \$22,000, and the contract was awarded to the lowest bidders. The average price of eggs for the year was \$0.254.

CANNED FRUITS.

Investigations were made into the canned fruit market to see if any saving could be made by a combined order. It was concluded that no saving could be effected.

BUTTER.

At a meeting in May it was suggested that a combined purchase of butter be made for the purpose of cold storage, but the market throughout the summer continued in an abnormally high condition, and it was almost impossible to determine the opportune moment to buy, so the matter was postponed, hoping for a drop in the market which did not occur.

ELECTRIC LAMPS.

In proportion as the size of an order for lamps increases so does the discount from the list price. Therefore, it appeared greatly to the advantage of the institutions to buy in combination. Accordingly, a committee was appointed to investigate this matter at one of the meetings of the purchasing agents, and

requests for quotations were sent to all of the leading concerns. It was found that one of the largest manufacturing corporations and its distributing houses submitted the same quotation and discount. Two other large manufacturers offered no bids. These quotations were all on domestic Tungsten lamps. Quotations, however, were received on a foreign-made lamp which were lower than those on the better known American make, and it was voted to test the former by trial at the institutions and make a comparison with the domestic product. All bids for domestic makes were accordingly rejected. A test of the foreign-made lamp showed satisfactory results, and an agreement was made with the sellers whereby the institutions could buy as many lamps as they required, and at the end of a year receive a cumulative discount on the total amount purchased. This was a more liberal form of contract than was offered by any other company, the difference being that the others required an agreement to be signed specifying the purchase of a definite quantity.

COAL.

Although the institutions in the previous year had combined in purchasing coal, they had not united on a common contract. This department felt it to be highly desirable that uniformity should be secured, believing that the dealers could then bid more intelligently, perhaps resulting in decreased quotations.

As contributory towards this purpose a coal expert was employed to address the superintendents and purchasing agents on the several standard forms of contracts, and compare the merits of each.

For a year's consumption 12 institutions required 45,350 tons of coal. Advertisements were inserted in leading newspapers asking for bids, and specifications were submitted to all who applied for them, some 40 being given out. Bids were received from 27 firms. Two of the institutions were dissatisfied with the prices submitted, rejected them and re-advertised. There remained 10 institutions in the combine, each one of which purchased of the dealer whose price per 1,000,000 British thermal units was the lowest, provided the bid complied with all the requirements of the specifications and the tentative analysis submitted appeared satisfactory. The uniform contract adopted

exacted price deductions for a lesser number of British thermal units than the standard adopted, and a greater percentage of ash or sulphur, but offered no premium for a better coal than the standard requirements. The amount of money involved in this purchase was approximately \$190,000. The standard requirements were:—

British thermal units,	14,600
Volatile matter,	18 per cent.
Ash,	7 per cent.
Sulphur,	1.25 per cent.

Inasmuch as price deductions were to be applied whenever the coal deviated from these standards, it was necessary that all coal should be analyzed by a competent chemist using a standard apparatus as described in the contract. This department has connected with it this year for the first time a chemical laboratory which has analyzed samples of coal from time to time as submitted by the institutions, having made up to Nov. 30, 1912, 24 tests.

A commercial chemist's charge for each analysis is from \$10 to \$25, and it is felt that the work is now being done much more cheaply.

FLOUR.

The determination of a proper standard for this commodity is very difficult. A clear portrayal of this year's investigations involves a recital of antecedent studies.

The first inquiry showed many brands of flour being used. Each institution was requested to send to this office a statement of the number of loaves of bread obtained per barrel of the flour it used, after allowing a uniform evaporation period.

An investigation into the other ingredients beside flour used in making bread developed a difference in formulæ, represented by an extreme of \$1.92 for the price of such other ingredients in one case and 18 cents in another. A uniform formula medium between these two was finally adopted and bread baked, still using the different brands of flour. Again, the results varied widely and no satisfactory conclusion could be drawn.

In the year under consideration the matter was finally referred to a firm of expert commercial chemists for a professional analysis of the same brands. Their report clearly indicated a certain

brand of flour as containing the most nutriment at the lowest price, and each institution has since experimented with this brand, many of them having continued to use it, except when a sharp rise in the market made it prohibitively high priced.

Another phase of the situation presents itself as being deserving of consideration. Flours which are highest in gluten and protein seldom make the most palatable bread, and the selection has to be made between palatability and nutriment. The laboratory of this department is now engaged in confirmatory tests of flours which have hitherto been considered, together with many others which have been added since, and from all the information at hand it is reasonable to expect that shortly a standard set of specifications will be formulated upon which all millers wishing to do so may submit bids. Flour will be tested from time to time by the laboratory to secure conformity with requirements.

BUTTERINE.

The prices of butterine range from 8 to 24 cents, and the problem of making a selection from the many brands offered is an extremely difficult one. Its solution lies only in the hands of the chemist.

Analyses of some 17 samples by our laboratory shows many conflicting and widely different features. Each of the leading dealers produces a certain number of brands, — firsts, seconds, thirds, etc. These brands have been compared one with the other, dealer by dealer, and the conclusion is almost arrived at that it is a fallacy to attempt to buy butterine by brands, and that it should be purchased upon specifications formulated by a competent chemist, and that, as in the case of flour, it should be tested from time to time to see that it conforms to said specifications. It is expected that our next purchase of butterine will be made upon this basis on an open market free to all bidders. The determination of standard specifications has involved the establishment of a

DEPARTMENT OF STANDARDS OR CHEMICAL LABORATORY.

The financial agent has long considered it an essential of efficient buying that a large purchaser should have at his disposal the services of a competent commercial chemist, and the institutions which this department supervises have from time to time em-

ployed such persons to make special analyses, as has the department itself. The objection to this method of procedure is the expense involved, a separate analysis being very costly, and again, that the results being reported to one institution do not become the property of all, and half a dozen institutions may be duplicating each other's work in this respect, or, in other words, analyzing the same article at the same time.

Our chemical laboratory began operation in June, 1912, and some time was lost in securing the necessary apparatus, part of it having been imported, in spite of which fact up to November 30 analyses had been received on 14 samples of butter, 17 samples of butterine, 24 samples of coal and 7 samples of soap chips, and there remained in the possession of the laboratory for analysis 2 samples of disinfectants, 13 samples of flour and 1 sample of coal.

The samples are sent from the institutions to the financial department, and by it transmitted to the chemist. The chemist makes his return to this department, which sends the same to the institutions, not alone to the one which sent the sample, but to all others in the group. This follows out the principle of the department, namely, that of giving to every institution all knowledge which it possesses. Under any other method than this, constant duplication of analyses would occur and the others would not receive the benefit of the knowledge which one institution had. It is felt that the efficiency of the whole scheme is greatly augmented by having this laboratory as an auxiliary.

This department's purpose is to assist the institutions in buying in the most efficient manner and at the lowest prices consistent with the maintenance of good standards, and it accomplishes its purpose by sending to the institutions from time to time such figures, observations and results of research work as in the judgment of the financial agent will conduce to the general good. Among such publications for the year, besides the monthly bulletins, may be mentioned the dietary sheets, which are a compilation of the dietaries of all the institutions for a given week, and are indicative of the character of the food furnished the patients and its variety. The form is too bulky to make the publication of a sample practicable. A table showing the total consumption per patient, the average cost per patient, the total quantity and cost of all staple food commodities is also issued semiannually. A sample is herewith given: —

Potatoes, Purchases and Products for the Year ending Nov. 30, 1912.

INSTITUTION.	QUANTITY.				Total purchased and produced.	Average Rate per Bushel of Purchases.	Daily Average per Capita (Ounces).	Daily Average per Capita (Cost).
	PURCHASED.		PRODUCED.					
	Bushel.	Cost.	Bushel.					
Worcester Hospital,	5,656	\$5,436 91	80		5,736	\$0 9612	8.722	\$0 0086
Taunton Hospital,	1,847	2,002 86	1,310		3,157	1 0848	6.389	0042
Northampton Hospital,	1,990	2,267 79	1,385		3,375	1 1394	8.266	0058
Danvers Hospital,	5,598	4,579 13	600		6,198	8180	9.729	0075
Westborough Hospital,	5,010	4,540 05	994		6,004	9061	10.367	0082
Boston Hospital,	2,672	2,885 10	1,719		4,391	1 0795	8.525	0058
Worcester Asylum,	6,271	5,433 79	595		6,866	8664	12.293	0101
Medfield Asylum,	7,249	6,968 43	539		7,789	9611	10.079	0094
Gardner Colony,	-	-	2,588		2,588	-	8.464	-
Monson Hospital,	3,817	4,210 85	474		4,292	1 1029	10.580	0108
Foxborough Hospital,	1,188	1,170 53	261		1,449	9852	8.818	0074
School for the Feeble-minded,	274	239 58	6,357		6,631	8727	10 124	0094
Wrentham School,	100	100 00	1,152		1,252	1 0000	7.463	0006
Totals,	41,674	\$39,835 02	18,054		59,728	\$0 9560	9 449	\$0 0066

The articles covered are: —

Butter.	Lamb and veal.
Butterine.	Pork.
Butter and butterine.	Poultry.
Beans.	Venison.
Cereals.	Total meat.
Cheese.	Milk.
Eggs.	Molasses.
White flour.	Syrup.
Fish.	Granulated sugar.
First cuts of beef.	Yellow sugar.
Second cuts of beef.	Tea.
Sides of beef.	Coffee.
Total beef.	Potatoes.

From this table we derive the information that the institutions have given during the year under consideration per capita per day: —

Butter and butterine,	1.45 ounces
Dried beans, .	.79 ounces
Cereals, .	1.92 ounces
Cheese, .	.12 ounces
Eggs, .	1.00 ounces
Flour, .	10.38 ounces
Fish,	1.53 ounces
Meat,	6.76 ounces
Milk, .	1.20 pints

The consumption as represented by ounces in the foregoing is in process of being reduced to grams of protein and heat calories, a more scientific way of expressing the diet and one upon which it may be more accurately judged.

Each of our institutions has connected with it a more or less extensive farm. This department estimates the efficiency of the farm management and its value to the institution on a profit and loss basis by means of the following return made annually: —

This is an abbreviated sample of the form, the whole being too lengthy for publication and embraces all farm products.

Many other statements on a variety of subjects have been issued, including the forms on which returns are made to this department for the compilation of the financial tables (see page 215 *et seq.*).

Among these tables will be noticed the inventory (on page 220), relative to which it may be stated that in previous years the institutions have taken their own inventory, not only doing the listing but affixing the values. This was found to produce rather unsatisfactory results, as the judgment of different superintendents regarding the value of articles which had been in use for some time varied, or, in other words, no two figure depreciation on the same basis. The financial agent felt, therefore, that in order to secure an inventory which would be of value for comparative purposes, and which would serve as a basis upon which to estimate depreciation as opposed to expenditure, it was desirable that the appraisal should be made by one person. The figures which appear in the inventory, consequently, are the result of his own personal inspection and appraisal, and are reliable at least for purposes of comparison. The task of inventorying every article in the 13 institutions must, of course, be apparent to any one who gives the subject consideration, but it is felt that the end has justified the means.

To conclude, the whole accomplishment of this department has resulted from a co-operation with the institutions. The standards which have been arrived at are the product of the united labor of all, and each one has contributed to the results attained. Actions are taken after the opinions of many men have been expressed, and the conclusions arrived at do not depend upon the always more or less fallacious judgment of one man.

The financial tables which have been alluded to, together with commentary upon them, follow: —

FINANCIAL SUMMARY AND INVENTORY.

In the first three tables of the Appendix, viz., No. 1 (page 215), Balance Sheet, No. 2 (page 216), Financial Summary, No. 3 (page 220), Inventory, are exhibited the State's capital investment in institutions supervised by this Board, the receipts and

expenditures, and depreciation and appreciation of property in such institutions in the year under consideration. In the series of tables which follow is analyzed in constantly increasing detail the subject-matter which is epitomized in the first. The combined inventory of the institutions, excluding the State Infirmary and Bridgewater State Hospital (over which two latter the Board has only partial supervision), at the beginning of the year was \$14,852,007.96, at the end, \$15,429,499.83, or an increase of \$577,491.87.

Expenditures from special appropriations for new construction and extension were \$853,394.21, as offset by depreciation of \$160,886.84. This would leave an expected increase in property of \$692,507.37, more than accounting for the greater inventory.

The change is analyzed as follows: —

INSTITUTION.	REAL PROPERTY.		PERSONAL PROPERTY.	
	Increase.	Decrease.	Increase.	Decrease.
Worcester Hospital,	\$45,827 76	-		\$51,834 20
Taunton Hospital,	70,501 44		\$42,468 53	
Northampton Hospital,	96,902 63		8,299 07	
Danvers Hospital,		\$6,201 51	11,955 35	
Westborough Hospital,		86,163 00	23,089 70	-
Boston Hospital,	332,295 61		48,219 58	
Worcester Asylum,	49,051 00			4,792 89
Medfield Asylum,	24,182 29		-	33,685 72
Gardner Colony,	18,982 75			15,493 75
Monson Hospital,	4,501 46			14,549 98
Foxborough Hospital,	-	\$70,335 81		1,843 48
School for the Feeble-minded at Waltham,	17,559 18		6,103 40	
Wrentham School,	50,545 45		11,907 01	
Total,	\$547,649 25		\$29,842 62	

Decreases on personal property are distributed as follows: —

Worcester Hospital,	\$51,834 00
Worcester Asylum,	4,792 00
Medfield Asylum,	33,685 00
Gardner Colony,	15,493 00
Monson Hospital,	14,549 00
Foxborough Hospital,	1,843 00

These decreases are all due to the fact that the inventory for this year has been taken by one person, whereas formerly each institution has prepared its own figures.

The *increases* in real estate are the result of expenditures under special appropriations and need no comment.

Decreases in real property occur only in three institutions, viz.: Danvers, Foxborough and Westborough. In the case of Danvers the variation is very small. Foxborough formerly has added maintenance charges to capital investment and has figured no depreciation. The change in inventory represents a correction of this policy. The change at Westborough represents the accumulated depreciation on its heat, light and power, plumbing and drainage systems not heretofore figured.

MAINTENANCE TABLES.

Variations in the per capita cost of maintenance are displayed in the following tables: —

Gross Weekly per Capita Cost.

INSTITUTION.	1911.	1912.	Increase.	Decrease.
Worcester Hospital,	\$4 25	\$4 51	\$0 26	
Taunton Hospital, .	4 57	4 66	09	
Northampton Hospital,	3 87	3 94	07	
Danvers Hospital, .	4 86	4 59	—	\$0 27
Westborough Hospital,	4 93	4 95	02	
Boston Hospital,	5 01	5 44	43	
Worcester Asylum,	4 39	4 41	02	
Medfield Asylum, .	3 77	3 96	19	
Gardner Colony, .	3 67	3 82	15	
Monson Hospital, .	4 36	4 85	49	
Foxborough Hospital, .	5 08	5 45	37	
School for the Feeble-minded at Waltham,	3 85	3 77	—	08
Wrentham School, .	4 62	3 89	—	73

INSTITUTION.	SALARIES, WAGES AND LABOR.		FOOD.		FURNISHINGS.		CLOTHING, AND CLOTHING MATERIAL.		HEAT, LIGHT AND POWER.		REPAIRS AND IMPROVE- MENTS.		FARM, STABLE AND GROUNDS.		MISCELLA- NEOUS.	
	1911.	1912.	1911.	1912.	1911.	1912.	1911.	1912.	1911.	1912.	1911.	1912.	1911.	1912.	1911.	1912.
Worcester Hospital,	\$1 80	\$1 84	\$1 02	\$1 26	\$0 14	\$0 19	\$0 12	\$0 13	\$0 36	\$0 35	\$0 29	\$0 17	\$0 19	\$0 24	\$0 24	\$0 20
Taunton Hospital,	1 89	1 98	1 05	1 01	23	23	08	12	32	26	18	25	34	39	44	38
Northampton Hospital,	1 45	1 49	1 05	1 18	12	10	12	08	28	23	25	22	33	37	23	23
Danvers Hospital,	1 97	1 91	94	96	24	23	16	11	37	37	56	46	26	20	34	31
Westborough Hospital,	2 13	2 13	1 17	1 16	23	20	12	11	48	56	17	14	32	33	28	28
Boston Hospital,	2 35	2 46	1 05	1 26	27	23	14	16	36	40	26	26	23	30	34	35
Worcester Asylum,	1 85	1 83	1 01	1 13	20	17	23	17	44	44	18	15	24	27	22	21
Medfield Asylum,	1 48	1 57	1 04	1 09	11	08	24	18	38	35	11	15	25	36	14	14
Gardner Colony,	1 37	1 55	62	72	14	13	23	15	36	29	33	30	42	44	16	16
Monson Hospital,	1 82	1 92	1 05	1 18	16	21	11	13	36	55	25	22	27	29	30	29
Foxborough Hospital,	1 89	2 03	1 06	1 24	13	15	20	18	53	59	28	31	47	32	44	55
School for the Feeble-minded at Waltham.	1 52	1 53	84	87	16	15	22	18	23	22	22	15	39	39	26	26
Wrentham School,	1 95	1 61	81	78	19	17	26	16	37	26	27	23	46	43	28	24
Totals,	\$1 78	\$1 83	\$0 99	\$1 08	\$0 18	\$0 17	\$0 17	\$0 14	\$0 36	\$0 37	\$0 25	\$0 22	\$0 30	\$0 32	\$0 27	\$0 26-

The largest increase is at Monson and is largely due to the fact that this institution has endeavored to keep its per capita cost at the same figure for several years past, notwithstanding the rise in prices. This has resulted in an accumulated depletion of undistributed supplies. This deficiency had to be replaced in 1912 under unfavorable market conditions.

The policy of allowing supplies to approach the exhaustion point should be abandoned.

The institution is unfortunate in having inadequate cold-storage facilities, and is thus unable to take advantage of favorable market conditions.

The 43-cent increase at Boston is due to the Psychopathic Hospital, the maintenance of which is charged to Boston's appropriation for the first time.

This latter institution deals with a different class of patients from any other, and its methods of treatment are necessarily more expensive.

An analysis of Foxborough's increase of 37 cents is hereby submitted: —

	Decrease.	Increase.
Salaries, wages and labor,	-	\$0 14
Food,		18
Furnishings,		02
Clothing and clothing material,	\$0 02	
Heat, light and power, .		06
Repairs and improvements,		03
Farm, stable and grounds,	15	
Miscellaneous,		11
Totals, .	\$0 17	\$0 54

The other increases are not of sufficient amount to need comment, and may be attributed to a higher market and increased stock.

The marked decrease at Wrentham is principally in salaries, wages and labor, and is due to the increased number of patients cared for.

An analysis of Danvers' decrease follows: —

	Decrease.	Increase.
Salaries, wages and labor, . . .	\$0 06	
Food, . . .		\$0 02
Furnishings, . . .	01	
Clothing and clothing material, . . .	05	
Heat, light and power, . . .		
Repairs and improvements, . . .	10	
Farm, stable and grounds, . . .	06	
Miscellaneous, . . .	03	
Totals,	\$0 31	\$0 02

An explanation of other tables in the series appeared in last year's report, and it is thought that they are sufficiently self-explanatory, so no commentary is made on them.

GENERAL MATTERS.

NEW LEGISLATION.

The following acts and resolves relative to the institutions and persons under the supervision of the Board were passed by the Legislature of 1912: —

Chapter 35. — An Act making an appropriation for the reimbursement of cities and towns for loss of taxes on land used for public institutions.

Chapter 71. — An Act relative to advances from the treasury of the Commonwealth to certain disbursing officers.

Chapter 363. — An Act relative to the Retirement System of the employees of the Commonwealth.

Chapter 442. — An Act relative to the keeping of records by certain hospitals and to the use of such records as evidence.

SECTION 1. Section one of chapter three hundred and thirty of the acts of the year nineteen hundred and five is hereby amended by inserting after the word "records", in the fifth line, the words: — of the treatment, — by inserting before the word "history", in the sixth line, the word: — medical, — and by striking out the words "in books kept for that purpose", in the sixth and seventh lines, so as to read as follows: —
Section 1. Hospitals supported in whole or in part by contributions from the commonwealth or from any municipality, incorporated hospitals offering treatment to patients free of charge, and incorporated hospitals

conducted as public charities, shall keep records of the treatment of the cases under their care and the medical history of the same.

SECTION 2. Section two of said chapter three hundred and thirty, as amended by chapter two hundred and sixty-nine of the acts of the year nineteen hundred and eight, is hereby further amended by striking out the words "as to all matters therein contained", at the end thereof, and inserting in place thereof the words:— so far as such records relate to the treatment and medical history of such cases; but nothing therein contained shall be admissible as evidence which has reference to the question of liability, — so as to read as follows:— *Section 2.* Such records, and similar records kept prior to April twenty-fifth, nineteen hundred and five, shall be in the custody of the person in charge of the hospital, and shall be admissible as evidence in the courts of the commonwealth so far as such records relate to the treatment and medical history of such cases; but nothing therein contained shall be admissible as evidence which has reference to the question of liability.

Chapter 530. — An Act relative to the new hospital for dipsomaniacs in the towns of Norfolk and Walpole.

SECTION 1. The new hospital for dipsomaniacs in the towns of Norfolk and Walpole, which was purchased in accordance with chapter six hundred and thirty-five of the acts of the year nineteen hundred and ten and has been maintained in accordance with chapter seven hundred and fifty-four of the acts of the year nineteen hundred and eleven, shall be known as the Norfolk state hospital.

SECTION 2. All laws pertaining to the commitment, admittance, care, custody, treatment and discharge of inebriates and habitual users of drugs which now apply to the Foxborough state hospital and the patients therein shall also apply to the Norfolk state hospital and the patients therein.

SECTION 3. The Norfolk state hospital shall be administered by the trustees of the Foxborough state hospital, under the supervision of the state board of charity. Said trustees shall have the same powers, including the power of appointment of officers and employees, and the power to make by-laws and regulations, and shall be subject to the same duties, in regard to the Norfolk state hospital, which they now have or are now subject to in regard to the Foxborough state hospital.

Chapter 562. — An Act relative to the free exercise of religious beliefs by inmates of State institutions.

Chapter 565. — An Act to extend and enlarge the plan of making goods for public use by the labor of prisoners.

Chapter 719. — An Act to establish a Commission on Economy and Efficiency for the Commonwealth.

SECTION 1. The governor, with the advice and consent of the council, shall appoint a commission on economy and efficiency for the commonwealth, to consist of three persons, qualified voters of the commonwealth, one of whom shall be the auditor of the commonwealth. The chairman shall be designated by the governor, shall be appointed for the term of two years from January first, nineteen hundred and twelve, and shall receive a salary at the rate of five thousand dollars per annum. The chairman shall give his whole time to the work of the commission. The other member shall be appointed for a term of one year from January first, nineteen hundred and twelve, and shall receive a salary at the rate of thirty-five hundred dollars per annum. Annually thereafter the governor, with the advice and consent of the council, shall appoint one member to serve for two years. Any vacancy shall be filled by the governor, with the advice and consent of the council, for the unexpired term, and at the expiration or other determination of the term of the person designated as chairman the governor shall designate a person to serve as chairman. In all cases a member shall continue to serve until his successor is appointed and qualified. The members of said commission may be removed by the governor, with the advice and consent of the council.

SECTION 2. Said commission may employ a secretary and such experts, clerks and other assistants, and may pay them such salaries, and may incur such other expenses as it may deem necessary and proper, not exceeding the sum of ten thousand dollars in the year nineteen hundred and twelve, and not exceeding thereafter such sum as may be appropriated for that purpose by the general court. All appointments under this section shall be in accordance with the rules of the civil service commission.

SECTION 3. Every officer or board having charge of any department, institution or undertaking which receives an annual appropriation of money from the treasury of the commonwealth, including annual appropriations to be met by assessments, shall, annually, on or before the fifteenth day of November, submit to the auditor of the commonwealth, statements showing in detail the amounts appropriated for the current fiscal year, estimates of the amounts required for the ensuing fiscal year, with an explanation of the reason for any increased appropriation, and with citations of the statutes relating thereto, and the expenditures for the current year and *for each of the two years next preceding*. The said estimates shall not include any estimate for special purposes or objects. The auditor, on or before the fifteenth day of December in each year, shall submit to the governor elect and to the commission on economy and efficiency copies of the amounts so required by such departments, institutions or undertakings, together with a statement of the general appropriations for said departments, institutions or undertakings of the preceding fiscal year and the expenditures for the same and the unexpended balance as of the preceding thirtieth of November. The auditor shall further embody the statements received from those in charge of such

departments, institutions or undertakings, together with his estimates for the ensuing fiscal year for the ordinary and other revenue of the commonwealth, in one document, and shall have the document printed and shall transmit the same to the general court for its action on or before the first Thursday of January of each year. Copies of this document shall be distributed to the members of the general court.

SECTION 4. Officers, heads of departments, boards, commissions and trustees of institutions, who, in their annual reports, or otherwise, recommend appropriations from the state treasury for special purposes or objects, including appropriations to be met by assessments, in addition to the ordinary running expenses, shall submit estimates thereof in detail to the auditor of the commonwealth on or before the fifteenth day of November in each year, and he shall classify and submit them to the governor elect and to the commission on economy and efficiency for their examination on or before the fifteenth day of December next succeeding, and shall have them printed in a public document, and shall transmit the same to the general court on or before the first Thursday of January of each year for its action.

SECTION 5. The commission on economy and efficiency shall examine the statements submitted to it by the auditor, showing the general and special appropriations asked for by those in charge of the various departments, institutions, boards and undertakings mentioned in sections three and four, and shall report thereon to the general court annually on or before the first Thursday in January, and at such other times as it may see fit, together with such facts, suggestions or recommendations as to any or all of the appropriations requested or the method of raising money for the same as it may deem expedient.

SECTION 6. On request of either branch of the general court or of the ways and means committee of either branch, or of the governor, or of the committee on finance of the governor's council, the commission shall make a special examination of any matter affecting the management or finances of any department, institution, board, undertaking or commission mentioned in section three, and on request shall give any information in its possession to either branch of the general court or to the ways and means committee of either branch or to the governor.

SECTION 7. The commission may make a special examination of the management or finances of any of the departments, institutions, boards, undertakings, or commissions mentioned in section three and may report thereon from time to time to the governor and council and to the general court, if it is in session.

SECTION 8. It shall be the duty of the commission to inquire into the laws governing the financial transactions of the commonwealth and to study into the possibility of promoting greater economy and efficiency and utility in the transaction of the business of the commonwealth by any changes in such laws, by the reorganization, consolidation or co-ordination of departments and institutions, by different methods of

administration, by classification of employees, by fixing maximum and minimum salaries, by standardizing vacations, by organizing a central purchasing agency or department, by the substitution of the budget method of appropriating money or by any other means, and it shall report thereon from time to time to the governor and council and to the general court, if it is in session.

SECTION 9. For the purpose of this act and in order to provide information which shall serve as a basis for legislation, the commission shall have the power to require the attendance and testimony of witnesses and the production of all books, papers, contracts and documents relating to any matter within the scope of any investigation authorized by this act. Witnesses shall be summoned in the same manner and shall be paid the same fees as witnesses before the superior court. The chairman of the commission or any member thereof may administer oaths to, or take the affirmation of, witnesses and may prescribe rules and regulations for the conduct of hearings and the giving of testimony. If any person so summoned and paid shall refuse to attend, or to be sworn or to affirm, or to answer any question, or to produce any book, contract, document or paper pertinent to the matter of inquiry in consideration before the commission, a justice of the supreme judicial court or of the superior court, in his discretion, upon application by the commission or any member thereof authorized thereto by vote of the commission, may issue an order requiring such person to appear before the commission, and to produce his books, contracts, documents and papers and to give evidence touching the matter in question and failure to obey such order of the court may be punished by such court as a contempt thereof. Any person summoned and paid who shall refuse to attend, or to be sworn or to affirm, or to answer any question, or to produce any book, contract, document or paper pertinent to the matter in consideration by the commission, and any person who wilfully interrupts or disturbs any hearing of the commission, or who is disorderly thereat, shall be punished by a fine not exceeding fifty dollars, or by imprisonment for not more than thirty days, or by both such fine and imprisonment. Any person who wilfully swears or affirms falsely before the commission upon any point material to the matter of inquiry shall be guilty of perjury, and shall be subject to the provisions of sections one to five, both inclusive, of chapter two hundred and ten of the Revised Laws and amendments thereof. Upon application by the commission to any justice of the supreme judicial court, or of the superior court, the justice may issue a commission to one or more competent persons in another state for the examination of a person without this commonwealth relative to any matter within the scope of any investigation authorized by this act. The testimony of such person may be taken by open commission or otherwise under the procedure, so far as the same may be applicable, provided for by section forty-three of chapter one hundred and seventy-five of the Revised Laws, and the said justice may issue letters rogatory in support of said commis-

sion. Nothing in this act shall be construed to compel any person to give any testimony or to produce any evidence, documentary or otherwise, which may tend to incriminate him.

SECTION 10. The commission shall make a report to the governor and council and to the general court in January of each year, showing the work done by it during the preceding year, together with such facts, suggestions or recommendations as to the finances or management of any or all of the departments, institutions, boards, undertakings or commissions of the commonwealth, as it may see fit, and shall report on or before the first Thursday in January, nineteen hundred and thirteen, what changes if any in the laws it deems advisable in relation to its existence, organization, powers or duties. Any suggestions for legislation shall be accompanied with drafts of the bills recommended.

SECTION 11. Chapter two hundred and twenty of the acts of the year nineteen hundred and ten and all acts and parts of acts inconsistent herewith are hereby repealed.

Resolves, Chapter 54.—Resolve to provide an industrial fund for institutions under the supervision of the State Board of Insanity.

Resolved, That there be allowed and paid out of the treasury of the commonwealth a sum not exceeding three hundred dollars to each of the following institutions for the purpose of maintaining the industries of the said institutions as provided by chapter four hundred and eighty of the acts of the year nineteen hundred and eleven:— Worcester state hospital, Taunton state hospital, Northampton state hospital, Danvers state hospital, Westborough state hospital, Boston state hospital, Worcester state asylum, Medfield state asylum, Gardner state colony, Monson state hospital, Foxborough state hospital, Massachusetts school for the feeble-minded, and Wrentham state school.

Resolves, Chapter 105.—Resolve to provide for an investigation as to the needs of the insane of the Metropolitan District.

Resolved, That the state board of insanity is hereby directed to investigate and report to the next general court, not later than January fifteenth, as to the needs of the insane of the metropolitan district and the best method of providing for the same, and, together with the trustees of the Boston state hospital, shall make such recommendations as may be deemed necessary or expedient relative to the development of the Boston state hospital.

SPECIAL APPROPRIATIONS.

The special appropriations for the year 1912 and for four, ten and fourteen year periods are shown in the following tables:—

Detailed Statement.

	1912.	Four Years, ending 1912.	Ten Years, ending 1908.	Fourteen Years, ending 1912.
Worcester Hospital; —				
Constructing and furnishing an addition to the main building to accommodate 100 male patients, with open-air ward on the roof for tubercular patients, and to provide dining rooms on the lower floor for patients and attendants, .	\$84,000 00			
For altering and repairing the Salisbury ward to provide for 21 male patients, .	10,000 00			
Erection of two passenger elevators, .	4,200 00			
Purchase of land, .	13,500 00			
[Resolves, chapter 129.]				
Total,	\$111,700 00	\$115,700 00	\$299,098 44	\$414,798 44
Taunton Hospital; —				
Constructing and furnishing two colony buildings on Davis Street, .	\$50,000 00			
Constructing and furnishing a dining-room building at Raynham Colony, .	12,000 00			
[Resolves, chapter 93.]				
Total,	\$62,000 00	\$146,300 00	\$325,205 00	\$471,505 00
Northampton Hospital,		\$46,925 00	\$217,300 00	\$264,225 00
Danvers Hospital; —				
Repairs on reservoir,	\$2,600 00			
Alterations and additions in refrigerating plant,	4,250 00			
[Resolves, chapter 121.]				
Total,	\$6,850 00	\$17,850 00	\$364,100 00	\$381,950 00
Westborough Hospital,		\$150,500 00	\$454,625 00	\$605,125 00
Boston Hospital; —				
Additions to electric light and power plant,	\$16,000 00			
Constructing, furnishing and equipping a building for supplies, cold storage and bakery,	42,000 00			
Alterations and repairs in south dormitory of the men's department,	6,000 00			
Constructing and furnishing a house for 42 male nurses,	22,000 00			
Constructing, furnishing and equipping a building for 100 female patients of the disturbed and excited class,	105,000 00			
[Resolves, chapter 118.]				
Total,	\$191,000 00	\$1,149,000 00		\$1,149,000 00
Worcester Asylum (see also below): —				
Constructing and furnishing two buildings to hold 50 patients each, . . .	\$40,000 00	\$256,000 00	\$517,900 00	\$774,000 00
[Resolves, chapter 132.]				
Medfield Asylum; —				
Constructing three cottages for employees and nurses,	\$17,227 00	\$72,727 00	\$558,700 00	\$631,427 00
[Resolves, chapter 91.]				
Gardner Colony; —				
Constructing and furnishing two cottages each for 16 patients and 2 employees, .	\$10,800 00	\$75,550 00	\$495,950 00	\$571,500 00
[Resolves, chapter 97.]				

Detailed Statement — Concluded.

	1912.	Four Years, ending 1912.	Ten Years, ending 1908.	Fourteen Years, ending 1912.
Monson Hospital; —				
Constructing and furnishing an employ- ees' cottage,	\$6,000 00			
Constructing ice house,	1,000 00			
Constructing cow stable,	5,000 00			
[Resolves, chapter 94.]				
Total,	\$12,000 00	\$161,740 00	\$431,800 00	\$593,540 00
School for the Feeble-minded at Waltham; —				
Constructing and furnishing a hospital building to accommodate not less than 60 patients,	\$35,000 00	\$61,500 00	\$537,100 00	\$598,600 00
[Resolves, chapter 65.]				
Wrentham School; —				
Constructing and furnishing two dor- mitories,	\$98,000 00			
Constructing and furnishing house to accommodate 22 employees,	\$12,500 00			
Constructing and furnishing a school- house and assembly hall,	41,500 00			
Remodeling the Hurley house,	1,500 00			
Constructing a carriage and tool house, [Resolves, chapter 95.]	1,600 00			
Total,	\$155,100 00	\$275,800 00	\$247,800 00	\$523,600 00
Bridgewater Hospital,	-	\$90,000 00	\$235,000 00	\$325,000 00
State Infirmary,			\$120,000 00	\$120,000 00
Foxborough Hospital,	-	\$5,000 00	\$173,150 00	\$178,150 00
Purchase of the Boston Insane Hospital,		\$1,000,000 00	-	\$1,000,000 00
For removal of Worcester Asylum to Graf- ton Colony,	\$400,000 00	\$400,000 00		\$400,000 00
[Acts, chapter 679.]				

Summary of Special Appropriations.

Insane: —				
Constructing, furnishing and equipping buildings for patients and nurses,	\$360,027 00	\$1,378,227 00	\$2,207,525 00	\$3,585,752 00
Number of patients provided for,	544	1,662	2,992	4,654
Average per capita cost,	\$584 19	\$720 46	\$596 27	\$640 62
Number of nurses provided for,	79	239	651	890
Average per capita cost,	\$534 51	\$756 53	\$650 49	\$678 97
Patients and nurses provided for,	623	1,901	3,643	5,544
Average per capita cost,	\$577 89	\$725 00	\$605 96	\$646 78
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs,	\$85,550 00	\$761,795 00	\$1,733,886 44	\$2,495,681 44
Total,	\$445,577 00	\$2,140,022 00	\$3,941,411 44	\$6,081,433 44
Feeble-minded: —				
Constructing, furnishing and equipping buildings for patients and nurses,	\$145,500 00	\$231,500 00	\$425,500 00	\$657,000 00
Number of patients provided for,	273	453	840	1,293
Average per capita cost,	\$487 17	\$450 00	435 12	\$440 44
Number of nurses provided for,	22	43	82	125
Average per capita cost,	\$568 18	\$639 53	\$731 70	\$700 00
Patients and nurses provided for,	295	496	922	1,418
Average per capita cost,	\$493 22	\$466 73	\$461 50	\$463 32
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs,	\$44,600 00	\$105,800 00	\$359,400 00	\$465,200 00
Total,	\$190,100 00	\$337,300 00	\$784,900 00	\$1,122,200 00

Summary of Special Appropriations — Concluded.

	1912.	Four Years, ending 1912.	Ten Years, ending 1908.	Fourteen Years, ending 1912.
Epileptic: —				
Constructing, furnishing and equipping buildings for patients and nurses, . .	\$3,000 00	\$87,000 00	\$152,550 00	\$239,550 00
Number of patients provided for, . .	-	150	192	342
Average per capita cost,	-	\$560 00	\$732 03	\$656 57
Number of nurses provided for, . .	4	4	27	31
Average per capita cost,	\$750 00	\$750 00	\$444 44	\$483 87
Patients and nurses provided for, . .	4	154	219	373
Average per capita cost,	\$750 00	\$564 93	\$696 57	\$642 22
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	\$3,000 00	\$55,370 00	\$63,350 00	\$118,720 00
Total,	\$6,000 00	\$142,370 00	\$215,900 00	\$358,270 00
Inebriate: —				
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .		\$5,000 00	\$35,517 00	\$40,517 00
All classes: —				
Constructing, furnishing and equipping buildings for patients and nurses, . .	\$508,527 00	\$1,696,727 00	\$2,785,575 00	\$4,482,302 00
Number of patients provided for, . .	817	2,265	4,024	6,289
Average per capita cost,	\$551 74	\$655 81	\$569 11	\$600 33
Number of nurses provided for, . .	105	286	760	1,046
Average per capita cost,	\$549 78	\$738 85	\$651 94	\$675 70
Patients and nurses provided for, . .	922	2,551	4,784	7,335
Average per capita cost,	\$551 54	\$665 12	\$582 27	\$611 08
Land, buildings for officers and em- ployees and for administrative pur- poses, including furnishing and equip- ment, improvements and repairs, . .	\$133,150 00	\$927,965 00	\$2,192,153 44	\$3,120,118 44
Total,	\$641,677 00	\$2,624,692 00	\$4,977,728 44	\$7,602,420 44
Average amount appropriated annually, .	-	\$656,173 00	\$497,772 84	\$543,030 03
Purchase of Boston Insane Hospital, . .	-	\$1,000,000 00		\$1,000,000 00
Removal of Worcester Asylum to Grafton Colony,	\$400,000 00	\$400,000 00		\$400,000 00
Total,	\$1,041,677 00	\$4,024,692 00	\$4,977,728 44	\$9,002,420 44

STATE BOND TABLE.

Bonds outstanding Dec. 1, 1912, on account of institutions for the insane, feeble-minded, epileptic and inebriate, under the supervision of the State Board of Insanity, amounted to \$7,020,900, a decrease during the year of \$12,000.

The annual interest charge was \$245,265.75, a decrease of \$420.

The detail as applied to the different institutions will be found in the following tabulation: —

State Bonds outstanding Dec. 1, 1912.

INSTITUTIONS:	LOANS.				INTEREST.		Loan Sinking Fund.
	Period in which Bonds were issued.	Period in which Bonds mature.	Amount Dec. 1, 1912.	Decrease for the Year.	1912.	Decrease for Year.	
The Insane:—							
State hospitals:—							
Worcester,	1901-1907	1931-1936	\$158,000 00	-	\$5,530 00	-	Prisons and hospitals.
Taunton,	1901-1906	1931-1936	245,600 00	-	8,401 00	-	Prisons and hospitals.
Northampton,	1901-1907	1931 ¹	179,000 00	-	6,195 00	-	Prisons and hospitals.
Danvers,	1901-1908	1931-1937	232,400 00	-	7,964 00	-	Prisons and hospitals.
Westborough,	1901-1910	1931-1939	449,300 00	-	15,462 50	-	Prisons and hospitals.
Boston,	1909-1911	1939-1940 ²	1,934,000 00	\$12,000 00	68,110 00	\$420 00	Prisons and hospitals.
Totals,	-	-	\$3,198,300 00	\$12,000 00	\$111,662 50	\$420 00	
State Asylums:—							
Worcester,	1902-1910	1931-1939	\$443,000 00	-	\$15,505 00	-	Prisons and hospitals.
Medfield,	1894-1907	1924-1936	1,469,800 00	-	51,443 00	-	Medfield Asylum.
Gardner Colony,	1902-1910	1931-1939	462,550 00	-	16,189 25	-	Prisons and hospitals.
Totals,	-	-	\$2,375,350 00	-	\$83,137 25	-	
Totals, hospitals and asylums,	-	-	\$5,573,650 00	\$12,000 00	\$194,799 75	\$420 00	
Miscellaneous:—							
Monson Hospital,	1895-1910	1925-1939	\$666,450 00	-	\$21,973 00	-	Prisons and hospitals.
Foxborough Hospital,	1903-1907	1935 ¹	130,000 00	-	5,000 00	-	Prisons and hospitals.
School for the Feeble-minded at Waltham,	1902-1908	1931-1937	405,000 00	-	15,150 00	-	Prisons and hospitals.
Wrentham School,	1900-1909	1936-1938	245,800 00	-	8,343 00	-	Prisons and hospitals.
Totals,	-	-	\$1,447,250 00	-	\$50,466 00	-	
Totals, hospitals, asylums and miscellaneous,	-	-	\$7,020,900 00	\$12,000 00	\$245,265 75	\$420 00	

¹ Due at option of the State Treasurer. ² \$358,000 are in serial bonds, of which \$12,000 are paid annually (November 1) until 1938, then \$11,000 annually until 1940.

SEMIANNUAL CONFERENCES.

The twenty-seventh semiannual conference of the Board and the trustees of the different institutions was held at the State House on May 21, 1912. Mr. William F. Whittemore, member of the Board presided. The subject for discussion was:—

SIZE OF HOSPITALS FOR THE INSANE AND FEEBLE-MINDED.

The views of the different speakers as expressed at this conference were as follows:—

Dr. Walter E. Fernald, superintendent of Massachusetts School for the Feeble-minded:— I do not feel that I am particularly qualified to open this discussion. It seems to me we are discussing a condition rather than theory, because the modern public hospital for the insane and the modern institution for the feeble-minded are already large institutions. Up to the present time it has been almost impossible to persuade legislators that the small institution was enough more valuable to warrant the much larger per capita cost to establish. Of course, Dr. Kirkbride, with the insane, believed that 250 was the normal number, the maximum number, and he drew a beautiful picture of the possibilities of individual knowledge of the patients by the superintendent—an intimate understanding of the mental condition of each patient and his needs—which was beautiful but hardly possible. The superintendent has his executive cares, the necessity of supervising the selection and employment of his officers, his other administrative duties, his conferences with his trustees and with State officials. In the small hospital the number of routine matters of this sort would be nearly as large as in the large hospital. You have to do all of the things in a small hospital that you do in a large hospital. It has always seemed to me that these routine matters would largely unfit the superintendent of the small institution to give his patients that individual consideration which Dr. Kirkbride believed possible. The earlier hospitals were planned and built in accordance with Dr. Kirkbride's theory, but before they were completed they added more wings, until the first group of Kirkbride hospitals had an average of perhaps 600 patients; even then the legislators were unwilling to establish new hospitals, but demanded that existing hospitals be

increased in size. In our State and in other progressive States, at the present time the hospitals average from 800 to 2,000 patients, and it seems to me rather useless to discuss this matter because it is not likely that any State will abandon the investments which it has made, and so far as I can see, we must manage these great hospitals as they are.

There can be no question in my mind as to the feasibility and desirability of smaller units for the acutely insane,—for the cases of mental disease which are curable; but for the permanently insane—the great mass of the insane—I see great advantages in a large institution, constructed and planned and organized with reference to the minute classification of the different groups of patients, and the separation of those patients into small, separate, detached units. This plan provides for highly specialized organization and equipment; for the pathologist, the research men, the music teachers, the physical training teachers, the industrial teachers and the other educational assistants and experts who are needed in the modern, scientific care of the insane. A small hospital would not be able to afford the specialists in these various lines.

The working out of our great hospitals has resulted in the raising of the standard of the men who have charge of these separate departments. The modern, liberally educated, highly trained clinical assistant in the hospital for the insane is the peer of the superintendent of thirty years ago; he possesses an intensive knowledge of his field and of the patients in his field,—an exclusive knowledge, which was not possessed by the old-time superintendent under the theoretically ideal conditions of the small hospital.

With the feeble-minded, I believe that there is no advantage in a larger number than 1,000 or 1,200. There is certainly no economy in cost of construction with a population beyond that number, provided the institution is built under the modern idea of separate, detached, isolated buildings, grouped so that patients of a given age and type and degree of mental defect are placed together and are isolated from the patients who are brighter or less bright than they are. I believe the patients in that institution are better cared for than they would be in a small school where such classification would not be possible. The smaller

public institutions for the feeble-minded in this country do not compare, in equipment or in resources, or in the attention paid to the educational side of the work, with the larger institutions where they are enabled to have expert staffs, made up of experts in the various lines, and where their equipment is suitable for the care of these different classes.

John A. Houston, M.D., superintendent of Northampton State Hospital: — The numbers that need to be cared for in this State because of some mental disease or defect are rapidly increasing, partly on account of the rapid growth of the State in population, partly because of the rapid shifting in character of that population, but largely, I think, because of the general recognition of the need of taking care of this class by the State: and these numbers will not be lessened in the years to come. The State should properly protect them, and this means caring for them in increasing numbers each year; therefore the question is, how the State may best care for the largest number. Of course this involves at the outset the question of economy, and I presume the question of economy is the one that enters into this whole subject more than any other.

(1) Can such people be more economically cared for in large or small institutions?

(2) Can they be cared for to their own advantage and comfort better in large or small institutions?

(3) Which is of more importance, economy to the State or the advantage and comfort of the patients?

If the economy at first seems to be greater with a large institution, we must consider what the end will be, *i.e.*, whether the taking care of a small number of patients in a small institution will not conduce more to their comfort and happiness, and the sooner get them back into the community, and thus eventually save the State enough to counterbalance the greater cost.

My personal experience has been in small institutions. I began my service in Worcester when that hospital had about 800 patients. When I went to Northampton there were 470 patients there; now there are nearly twice as many. Without adequate knowledge, perhaps, of the larger institutions, and admitting some of the advantages claimed by the advocates of the larger hospital, I still favor the smaller hospital.

One of the commonest desires we hear expressed by the friends of patients in the hospital is that their friends will be placed on small wards and with few patients, and if we think of our own personal experience we can imagine that we should rather be placed, even in a general hospital, on a ward with few patients.

There are so many patients that need care it is conceded that they must be cared for in ways that make for economy, and that some things that would be desirable must give way on the score of economy; but *is* the large hospital more economical than the small one? The first cost, perhaps, of a large hospital may be in some ways more economical. The experience in this State, however, does not seem to prove that. The cost per capita of a hospital is about the same, whether it accommodates 1,000 or 500 patients.

Several of the "hospitals" in this State — Worcester, Taunton and Northampton — were planned to accommodate 250 patients. After construction of the hospital at Northampton had begun there was a movement started in the Legislature to stop its being built. It was said that the western part of the State would never have patients enough to fill it, and that movement almost succeeded. I think that every institution in the State is now accommodating at least twice the number of patients that it expected to when originally built. They all start at a cost of somewhere from \$750 to \$1,000 a patient (approximately), whether they are large or small. The equipment must be practically the same; the same furnishings are required for 500 patients, proportionately, as would be required for 1,000.

As to the maintenance of hospitals, large and small, Dr. Green of Northampton, Eng., compiled statistics a few years ago of the group of hospitals in England accommodating between 600 and 1,200 patients, and the group containing between 1,200 and upward, and found that the cost for maintenance was less in the group of smaller hospitals. Dr. Pilgrim, of Poughkeepsie, N. Y., read a paper on this subject at Cincinnati a few years ago. I took exceptions to his belief then. He advocated the small hospital, as I am doing this morning, but his small hospital when his conclusions were drawn, was one containing about 1,500 or 1,600 patients. In the course of his paper Dr. Pilgrim made the statement that the four smaller hospitals in New York State in

the year 1907 cost the State for maintenance a little less per capita than the four larger hospitals. Comparisons will not show that the larger hospitals in Massachusetts are operated any more economically than the smaller ones.

It may not be fair to compare one institution with another because of location, of grouping of buildings in one main group or in several, of the character of the patients, and for other reasons, but it is fair to compare one institution with itself at different periods of its existence; and apart from the added cost due to shorter hours of employees, higher wages, to higher cost of food and supplies, and to the fact that we are doing much more for our patients in ways that add to the cost of maintenance, no hospital in the State can show that a larger number of patients has decreased the cost of maintenance, unless is taken into account the fact of overcrowding. If an institution is overcrowded the cost of maintenance will be relatively low. For instance, in the matter of heating and lighting it is evident that a building intended to accommodate 100 patients can care for 150 without additional cost, but when there is provided for them an additional ward, then the coal pile must be increased, and so with other things besides coal.

The cost of supplies is the same, relatively, for the small and for the large institution. Our stewards have shown that coal in 2,000 ton lots can be purchased as cheaply as in 5,000 ton lots and we can buy eggs and flour and commodities of that kind for 500 patients as cheaply as for 1,200 or for 1,600 patients; in fact at exactly the same figure, so that the cost of maintenance must be approximately the same. I think it is a little less for a small hospital, but if we should concede that it is a little greater, should we take that solely into account? I should say "No." If the matter of cost figures out a saving to a large institution over a small one, the saving must be so small as to be negligible if the smaller institution can do better work for its patients in the community it serves.

The smaller the institution the more interest and attention the patient receives from officers and employees, and this opinion is based on my experience when caring for 470 patients as compared with twice that number at the present time.

The ideal institution should not be so large that the superin-

tendent cannot know quite intimately each patient. He should be able to meet the friends of patients, and, not least of all, he should know quite well all the employees for obvious reasons. In fact, the officers and employees should be so few as to be in a way all acquainted with each other. The institution, to do its best, should be like a large family. Every superintendent knows that the patients who do the best are the ones who receive the most attention from the nurses. It is noted that the nurses can and do gain the affection of even very turbulent patients; that the nurse becomes more interested in a patient to whom for any special reason the assistant physician has shown special attention, and that the assistant's interest is vastly stimulated by any unusual attention given to the case by the superintendent. The superintendent takes more especial interest in those patients whose friends he knows, or whom he comes to know through their frequent visits to the hospital. The whole atmosphere, therefore, should acquire the spirit of the management. No argument can prove that in this respect the large hospital can compete with the small hospital, and the institution should not be so large that the superintendent must delegate such duties to his assistants.

Granted that when an institution grows in size it can be organized into departments, with a competent assistant superintendent in charge of each department, I still maintain that no such subordinate is capable of doing as well in such department as when the responsibility and pride of accomplishment are his own.

For the large hospital it is said that better organization can be made, more scientific interest stimulated, by a large staff; that more varied industries, amusements, etc., can be instituted. Experience does not prove this, but were it true I am sure that where the warm, personal interest in the patient is subordinate to the cold, scientific interest in him it is not to his gain.

There are other elements entering into this question. I have spoken respecting the so-called State "hospitals." I realize that the "asylum" need not be limited in numbers. The patients who have no relatives or friends, or whose friends and relatives show very little interest in them, and whose prospect of recovery is small, can be made physically and mentally comfortable in small groups in very large asylums, and if they can be cared for there more economically I see no objection to that.

Speaking for the section of the State served by the Northampton Hospital, I think better work could be done and as economically if the institution were smaller than it is now. We have recommended, in some of our former reports, that branch institutions be started in the western part of the State, in Berkshire County and in Franklin County, to take care of patients from those counties, established with the expectation that at first they be under the management of the Northampton Hospital, and that later they would be self-supporting and independent.

Some of our patients live so far from the hospital that to visit them requires all of one day or part of two days; consequently, such patients are visited less frequently than is desirable, for experience shows that patients who are visited frequently are made more happy if they have to remain at the hospital; furthermore, that they are more likely to be taken home on trial visit if visited frequently.

Then, again, we can serve the districts better in which we are located if we can take care of those who actually need to go to a hospital. It is well recognized that there is less apprehension and fear of a hospital in the immediate vicinity than at a distance; consequently, patients are more readily sent from near by than from far away, and the sooner a certain type of patient is sent to the hospital the better are his prospects of recovery.

Mr. Ellerton James, trustee of Wrentham State School:— It seems to me we are talking a little bit in the dark. I think before we go ahead that we should have a definition of what a large hospital is and what a small hospital is. At the present time we do not know whether it is 500, 1,000 or 2,000, and I should like to ask Dr. Houston what his idea of a small hospital is.

Dr. Houston:— It would be pretty difficult for me to give a definite answer to that question, but for our vicinity I should say a hospital of 450 patients; not more than 500. We should have to be governed entirely by the number of admissions. I think the superintendent can easily keep 500 patients in mind if he is living with them long enough, but if he receives more than one patient a day he is getting more than he can do. I should regulate the size of my hospital somewhat by the number of admissions of acute cases.

Mr. James:—Your idea would apply to the insane or the feeble-minded?

Dr. Houston:—I should think the care of feeble-minded an entirely different proposition from the insane. The feeble-minded, as a rule, are dependents of the State for many years, perhaps the rest of their natural lives, and if they are sent to an institution, the majority of them, as I appreciate it, stay there, while a great many of the insane come and go, and are returned to the community to be, as we say, "capable of self-support," or able to maintain themselves.

Mr. James:—As far as the question of economy goes, it seems to me that the Doctor may be right for his group, if it is as large as 500. I think if you get any group up to a point where it can buy at wholesale prices and where the consumption of everything is so large that it can take advantage of the wholesale rates, it will then make no difference, so far as economy goes, in the maintenance charge whether you double that unit or triple it; you cannot by going beyond it buy any cheaper. You cannot buy your coal any cheaper if you buy 10 carloads than if you buy 1, and the same holds true of other things.

There is a question of fully utilizing the time of your head officials. Give them as much as they can do advantageously. If you make your institution less, so you cannot use that carload lot, or whatever the unit of wholesale cost is, you are going to invariably put up the price of your maintenance charge.

Dr. Walter Channing, trustee of Boston State Hospital:—The Worcester Hospital was opened in 1833 to accommodate 120 patients, and was enlarged in 1835 to 250. Taunton opened in 1854 and was intended to accommodate 250; Northampton, 1856, to accommodate 250; Danvers, 1878, to accommodate 400; Westborough, 1887, to accommodate 325.

In 1888 the capacity of the Worcester Hospital had been increased to 771, the asylum accommodating, in addition, 395; Taunton to 624; Northampton to 481; Danvers to 715; Westborough to 406. In 1911 the population of the two institutions at Worcester was 2,526; Taunton, 973; Danvers, 1,446; Westborough, 1,138; Northampton, 893, and the percentage of increase at the different hospitals was as follows:—

	1911.	1888.	Percentage.
Worcester, .	2,526	1,166	116.63
Taunton, .	973	624	55.92
Danvers,	1,446	715	102.23
Westborough,	1,138	406	180.29
Northampton,	893	481	85.65

The average increase of the five hospitals was 105.66 per cent.

It is unnecessary to go into the causes of the increase in hospital population in this place, as you are all familiar with the situation. I call attention to these figures especially for the purpose of showing how the standard of the desirable number of inmates in a hospital changes from time to time, in accordance with the changes in these numbers.

Dr. Pilgrim, in a very excellent paper on "The Proper Size of Hospitals for the Insane," published in the October number of "The American Journal of Insanity," in 1908, points out this fact, though not in the same way that I do here. He quotes what a committee of the Association of Medical Superintendents of American Institutions for the Insane said, in 1850, which was as follows: "The standard number that can with propriety be treated in one institution is 250, while 200 is a preferable maximum." For some years the institutions were kept more or less within narrow limits, but in 1866, owing to the fact that the numbers were creeping up, it was necessary to modify this proposition, and in the form offered to the association read as follows: "The enlargement of an institution for the insane, which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such districts, may be properly carried to the extent of accommodating 600 patients, embracing the usual proportion of curable and incurable insane in a particular community." As Dr. Pilgrim says, though the Willard Asylum was built about this time, for more than two decades the size of institutions was limited to 600 beds. I can remember, myself, when even this number seemed too large for an ordinary hospital. As late as 1888 the report of the Board of Health, Lunacy and Charity said, referring to Danvers; "It is desirable that this limit, 700, never should be again exceeded,

for every patient beyond 700 in Danvers' wards crowds them and lessens the comfort and possibility of recovery of patients."

Dr. Pilgrim, as you no doubt are aware, comes to the final conclusion that 1,500 is about as large a number as an institution should accommodate. His own preference, he says, would be for an institution of not more than 1,000 patients, but that limit might be raised, without serious disadvantage to the patients, to 1,500. He gives what seem to him very good reasons why this number is about as large as can be successfully supervised by one man. He thinks the maximum efficiency is certainly reached, and the probable maximum of economy, also, in institutions of from 1,200 to 1,500 beds.

Dr. William L. Russell, late medical inspector for the New York State Commission in Lunacy, in their report for 1911, states that he believes that 2,000 is as large a number as should be treated together in an insane hospital, and gives some figures which indicate that above that number the recovery rate falls. He later modifies his statement in regard to the 2,000, by saying that there seems to be at present no way of coming to a definite decision in regard to the maximum number of patients which can be provided for in one institution without loss of efficiency in treatment or of economy in administration. The new hospital which is being built at Mohansic was originally intended for 2,000 but he recommends that it should be enlarged to 3,000.

It would be seen from the authorities referred to that, almost of necessity, the ideal size of an insane hospital is a matter rather difficult to determine, and we are obliged to shift from one standard to another as the hospitals grow in size, which is rather conforming theory to practice instead of the other way around. It is an unfortunate fact that we cannot limit the growth of hospitals as we would like to do. They are constantly outgrowing their normal capacity, and a new situation arises. I believe that we are not in a position to carry out any dictum as to what the maximum size of a hospital should be, but no doubt it is well to thoroughly discuss the matter, as the influence of those who have the care of the insane must always carry great weight.

It was the old idea that it was of great importance that the superintendent himself should be actively engaged in the treatment of patients. As institutions grew larger this became im-

possible, but it was still felt desirable that he should see as much as possible of the patients. The argument now is that if we have such large institutions as 2,000 or upward, the influence of the personality of the superintendent would not be as dominating as is desirable. Dr. Pilgrim asks, "How any man, weighed down with the official duties connected with the management of an institution for 3,000 or 4,000 patients, and 800 or 900 employees, can so impress his individuality and influence upon that number, or keep in sufficiently close touch with both medical and lay matters, as to secure the best results?" A few years ago, I should have doubted whether it would be possible for a superintendent to actually overlook the care of as large a number as even 1,500 patients, but as I have studied into the matter, seen large institutions and what it is possible to do with them, I have somewhat changed my opinion. A large institution for 2,000 and upwards, with plenty of buildings for classification, a sufficient number of medical officers and nurses, and proper facilities for treatment, I believe can do better work and get better results than a small and overcrowded institution with inadequate classification and a small lay and medical staff. In other words, the size of an institution, up to certain limits, is not of such importance as are these other factors.

It is somewhat surprising, I think, when there has been so much discussion and agitation for the last thirty years about the desirability of small rather than large institutions, that we have seen so little done in this State in the way of starting new ones. Since 1878, for instance, the Westborough State Hospital and the Boston State Hospital, with its Psychopathic Hospital, have been the only additions to the existing State hospitals for all classes of the insane. We must not forget, however, that the large increase has been met in various ways, first of all, of course, by doubling the capacity of the insane hospitals; then by increasing the number at the criminal hospital; taking insane at Foxborough, and adding to the numbers at Tewksbury; also a hospital for epileptics has been provided, and a new school for feeble-minded and the old one enlarged. Colonies for the insane and the Medfield Asylum have been built, but what I refer to especially is a State hospital for all classes of the insane. I believe Dr. Russell is right when he says that "it is safe to assume that

the public is prepared to provide State hospitals only for insane persons for whom institutional care is clearly indispensable." While Massachusetts has, on the whole, been more liberal in her provision for the insane, she follows the lead of New York, preferring to make the existing institutions larger rather than build new ones, and I believe this is a policy which she will be pretty sure to follow in the future.

Theories as to the size of institutions are desirable, but the evolution of the institutions in this State demonstrates that if they begin small they are pretty sure to become overgrown and end as large institutions. Now, in my judgment, it is better to face the condition rather than to be too much influenced by the theory, and prepare ourselves for large hospitals. The proper plan, it seems to me, should be to have, in the Boston district, a large institution, which, as Dr. Russell thinks about a metropolitan hospital in New York, should be permitted to be larger than others in the State. How large, it is much better not to try to determine too accurately. I should say, though it is a mere matter of guesswork, that 3,000 would be none too large. Probably we must expect the new Worcester Hospital and Danvers to increase their numbers to 2,000; perhaps Westborough, also, may grow to this number. Northampton can be kept down possibly to 1,500. As to Taunton, I am not familiar enough with the situation there to form any idea how large it may be expected to become from the district surrounding it. Some of the hospitals, according to the population and also the districts where they exist, should be large and others smaller. In considering the enlargement of our State institutions, I have in mind the development of colonies as part of the provision for the increase. From 500 to 1,000, possibly, should be taken care of in a colony, in an institution planned for 600 but which has grown up to have 2,000.

As I have already said, I would not advocate a number as large as 2,000 unless there could be sufficient buildings for adequate classification and proper medical supervision. I believe it would be easier to obtain these things than to get an appropriation for an entirely new institution, and that in the end we might be as well off. There are many difficulties under which those who have charge of State hospitals for the insane now have to labor. If these could be overcome I am quite sure we should see an in-

crease in the recovery rate and probably a lessened per capita cost, and the figures would compare favorably with those given by Dr. Pilgrim. But what can we do if we have hundreds of patients sleeping in day rooms; too few medical officers; paid less than they should be; staffs of nurses far from large enough; and buildings so few in number that we cannot make the proper classification? Give the hospitals money enough for what they need and the results would certainly be better than at present.

It is pleasant to feel that we are entering on a new era in the care of the insane in hospitals in this State. With the Psychopathic Hospital in Boston, which is and will probably continue to be a small hospital, we are going to see much larger numbers of acute and incipient cases treated promptly and radically, and we shall also probably have more medical men who understand mental diseases interested and willing to take hospital positions. With this hospital a success, others in other parts of the State will be built. It may be that during the next ten years we shall see several new psychopathic hospitals, and more room provided for the increasing numbers in new buildings, in more or less close connection with those already existing, and in colonies at some distance. At any rate, there is sure to be a period of much greater activity in the early and after-care of patients, and an ultimate improved recovery rate.

To briefly summarize what I have said; first, it appears that the history of State insane hospital development in Massachusetts shows that hospitals built for small numbers gradually increase these numbers, until they become large institutions; second, that every dictum as to the standard of size of hospitals has of necessity been raised as numbers have augmented; third, that at the present time we cannot determine what the maximum size of an institution should be to obtain the greatest degree of efficiency and economy; fourth, that with a population of 2,000 patients, provided the buildings are adequate and the organization efficient, the results will be as good as in smaller hospitals; fifth, that psychopathic hospitals will supplement the work of the large hospitals, and permit opportunities for the study, close observation and early treatment of patients.

Dr. Ernest V. Scribner, superintendent of Worcester Hospital: — When we come to discuss the proper size of institutions

for the care and treatment of the insane, it would seem to me that we should exclude from consideration those private hospitals which cater to the wealthy and to whose patients expense is a secondary matter. It is the public institutions with which this conference is chiefly concerned, and my observations are made with this understanding.

The proper size of a hospital for the treatment of the insane depends largely upon the classification and the methods of administration which are to be adopted. If one physician undertakes to treat personally every case, and to know all the intimate details of the daily hospital life, with slight assistance from subordinate physicians, then the number in the institution should be only that which one individual can constantly keep in mind, perhaps from 400 to 600, according to memory capacity; probably it would be better not to much exceed the latter figure. If cost of support has to be considered, however, it is always to be borne in mind that the smaller the size of the institution the less the number of medical assistants that can be available. Under these conditions the amount of personal attention which can be accorded to each individual patient would be reduced to a minimum, and the general facilities for treatment somewhat impaired. The advantages of discussion would also be lessened.

A somewhat ideal arrangement would seem to me to provide in several sections of the State psychopathic hospitals of moderate size. These hospitals could be of a capacity of from 50 to 150 beds, according to the population of the districts which they were designed to serve. The advantages of small district hospitals would be the ability to offer more early treatment, and to care for these patients in closer proximity to their homes. In such hospitals the ratio of physicians to patients must necessarily be large, if the best work is to be done. A certain percentage of the cases admitted here would not need to pass beyond these hospitals. For such cases as indicated the necessity for a somewhat prolonged hospital residence, a transfer could be made to another and a larger hospital, which would be a more economical unit of administration and would serve a larger geographical area.

When the number of beds considerably exceeds 600, then the work should be divided and placed under separate heads of departments, one general medical superintendent directing and

harmonizing the whole work. If this latter arrangement be adopted, then the capacity of the institution could perhaps as well be 2,000 to 3,000, or even more, always keeping the size of each component part such that the person in immediate charge can have a personal and intimate knowledge of his patients. Such an arrangement as this would perhaps be in essence a combination of several smaller hospitals, but directed and dominated by one general superintendent.

This latter arrangement, under competent subordinate heads, would in my opinion be likely to secure a greater degree of individual attention to the patient than almost any other plan, and would have the advantage of bringing into association numbers of bright medical minds whose reaction upon each other could not fail to be of benefit to all concerned. The proper general superintendent should not only allow but encourage individual initiative and thought on the part of the subordinate physicians. In this way a proper medical spirit would be instilled into the staff. Better men would be attracted to the service and longer retained there, and would be constantly in training and available for advancement to more important positions when the need occurred. The large available staff could do most effective team work, and each individual be at the same time a check and a support to the others. Staff meetings and courses of study and research work would provide stimulus and opportunity for advancement in the treatment of mental disease.

By far the larger numbers of the insane are now cared for in hospitals of considerable size, and will probably continue to be so cared for.

Dr. Edward French, superintendent of Medfield Asylum:— There seems to be a great advantage in the location of small, district hospitals. Some of the principal reasons are that they are more accessible to the friends of the patients; also, the superintendent can have a more intimate knowledge of his cases, the capabilities of his help and the details of the management of his institution. Six hundred cases are about all that one man can carry in his mind. If he attempts to crowd in more cases he usually forgets some of the older ones. A hospital serving a congested district with not more than 600 patients is to my mind the best solution of the hospital problem.

The larger institutions have some advantages; economy is the principal one. A large number of patients can be more economically supported, and the expense of administration is considerably less per patient.

In the existing conditions in Massachusetts it does not seem possible to reduce the capacity of the larger institutions already established. Both economically and politically this would practically be impossible. It seems to me the best results from these large institutions could be obtained by having a segregated portion of the institution for the reception and care of acute cases such as has been advocated by the State Board of Insanity for some years past, and which is now carried out at the Westborough and New Hampshire State hospitals. This would leave the larger portion of our present hospitals for the aggregation of chronic cases. I do not believe that this arrangement would be ideal or perhaps as good as a further development of the colony system, but it would be possible under existing conditions. It may also be said in favor of the present large institutions, especially the asylums, that after the number of cases has increased to over 600 one superintendent can as readily care for almost any number, even to 2,000 or more.

The advantage to the patient in the small hospital seems to me worth working for. The superintendent and the medical officers who have had long experience can study their cases and give them that personal attention which counts for so much in the improvement or cure of the patient. It also enables the administrator to understand the ability of his nurses, and to distribute them to the best advantage so as to get the most intelligent co-operation from them.

I have already mentioned the advantages of the district hospital, namely, that it would be accessible to the friends of the patients, and it would also tend to reassure the patient that he was not very far removed from his own home, and the beneficial effect of frequent visits from his friends would make him more contented. Its advantage to the district would be that the patient could be readily placed there without delay. Its advantage to the State would be that a greater number of cures would be possible, and it would thus lessen the number of insane in the State.

It *might* result in greater economy, but this is doubtful, for the additional expense of building small district hospitals over the economy of large institutions might make this plan more expensive. There also seems to me a larger field in small district hospitals open for the study of the cause, control and prevention of insanity. Each district hospital could be made a clinic for the surrounding physicians, who would thus be made familiar with insanity and who would use this knowledge to good advantage in the community. It would also enable a visitor from the institution to come into closer and more immediate contact with the friends and families of the patients, and thus acquire a better understanding of the needs of the case.

There are also other reasons too numerous to mention here why the small district hospital could be made of the greatest advantage to its district. In fact, it seems to me that it would not only fulfill all the purposes of our present hospitals, but that it might also become a psychopathic hospital in its best sense, and contribute considerably to the lessening of the number of cases of chronic insanity.

Dr. John H. Nichols, superintendent of State Infirmary: — The main questions and their subdivisions are concerning matters which I have not studied nor given much systematic thought to, and therefore I ought to say but little. Yet there are a few ideas of mine which may perhaps properly find place in this conference. Obviously called upon as a representative of a large institution, I am expected to advocate the larger hospital, to defend the State Infirmary, or tell why it has presumed to attain its present size. I am not to blame for being invited to speak, but will take advantage of the occasion because of the varied nature of so many of our problems, and the belief that many of you here, in common with the majority of the people throughout the State, do not understand just what our work is, and why, apparently, we have at times to sit on both sides of the fence regarding many of the matters under discussion. I will ask your indulgence for my slight digression from the real topics.

At the State Infirmary, where over 7,000 cases are treated annually, with a full capacity of 2,450 patients, there are —

750 insane.

500 general hospital cases.

500 convalescent and indigent.

400 minors (200 births) (100 feeble-minded, 300 under fifteen years).

300 consumptives; and many other matters and statistics of importance and interest if the time and occasion would admit their consideration.

These are to a large extent distributed in separate, isolated departments, most of which later departments are in units of 100 capacity. These individual departments resemble a small hospital more than a division of a larger one. At the last semi-annual conference here one of the speakers told of the work at the Hospital for Dipsomaniacs, their problems, their cases, and of a certain type of case which was not suitable for them, but such as should properly belong to Tewksbury.

At one of the former conferences we were told of somewhat demented, semi-recovered cases unsuitable for a neighboring hospital but just right for Tewksbury.

At an early conference it was claimed that cases of senile insanity were objectionable in other hospitals, and yet that Tewksbury was a good place for them.

There have always been certain cases of epilepsy which it was deemed best should be cared for at Tewksbury and there have always been cases of the feeble-minded considered more suitable to augment the overcrowding in the wards at Tewksbury than in the other institutions devoted especially to that class of cases.

I realize that there are distinct misfits in every hospital, and am as active as others for the transfer of certain individual cases of groups, yet I wish to say that our insane in general are just like the insane elsewhere. Our alcoholics, senile insane, epileptics and feeble-minded are just like those in all the other institutions represented here. There is no distinct class or type of Tewksbury patients regarding their mental conditions or disorders any more than there is regarding their physical disorders, and the latter cases are just the same as regards individuals and diseases as are found daily in the Boston City, Massachusetts General, Children's, Worcester or other hospitals for the sick. About 100 cases are committed in a year to our wards for the insane, and the remaining admissions are by transfers from other

hospitals. The cases which are committed come to us on permits from the overseers of the poor throughout the state before their mental derangement has been declared. Some of these are subsequent to or complications of some physical disorder for which they have been under treatment in the hospital wards; all of these cases, after observation in the hospital department, are committed to the department for the insane in accordance with the regular requirements of the court.

From the standpoint of numbers, extent and variety of departments, and the area of ground covered with buildings according to Massachusetts standards, the State Infirmary is a very large institution, and I do believe that a large institution should be of great advantage as regards the well-being of the patient, as regards the hygienic and social service to the district and to the State and as regards its financial showing to an extent far beyond the proportionate advantages which might obtain if it was a smaller institution.

I believe that as good results are obtained in the larger institutions as regards the care of patients; that better opportunities exist for the study of causes, control and prevention. Whether the best results are obtained in the larger or smaller hospitals depends more upon the proportionate size or numbers in the medical and nursing force, their talent and habits of industry than upon the size of the hospital, other things being equal. There is more incentive and argument and greater possibility for instituting and perfecting a more complete organization and separation into departments, and adopting a greater variety of methods, — a larger amount of apparatus and fuller equipment in the larger hospitals, in accordance with the best business, scientific, medical, industrial and social requirements.

For the interest of the patient there is a greater opportunity for classification in a large hospital, and a greater variety of interests to attract and maintain his attention or to keep him busy, which is to him the most important thing.

The isolated pavilion or cottage plan in a hospital doubtless is more expensive in construction, in matters of repairs, heating, lighting and in administration, but I believe it to be vastly superior to the other types (larger buildings with continuous walls) so far as the comfort, safety, deportment and general well-being of the

patients and possibilities for recovery are concerned. The large hospital with numerous detached pavilions can have all of the advantages of the small hospital, and is far better than the hospital smaller in numbers of patients but made up of one or more large buildings.

Despite the present slight general "back to the farm" movement, excepting for short periods in the summer, the country and village population does not seem to be on the increase, although the towns and cities grow very rapidly. The natural human current continues to flow from the country and village to the town and city; the majority of people want to be where there is "something doing." Their contentment and happiness seem to depend upon being in a large community where there is a lot of business going on, things are lively and they can rub elbows with large numbers. Even in annual vacations, and return to country and shore, the majority prefer to build cottages and camps just as close as is possible to one another, thereby becoming a part of a large community, even if they are forced to crowd themselves into as narrow sleeping quarters as is at times necessary in a State institution; or they find pleasure in flocking to the enormous summer hotels, in eating their meals in large dining rooms, in watching and listening and talking to others and doing what the others are doing; they forget themselves, their crosses and their worries and in that way find their contentment. A majority of our insane patients retain most of these human desires or tendencies, and therefore I believe that in the large hospital rather than in the small one can be found the conditions where the largest proportionate number of the insane will be able, by forgetting, to find themselves, and thus can better care of patients be obtained in that they will begin to care for themselves, which is more nearly as it should be.

Although much depends upon whether a hospital is situated near or remote from large centers, the above principles are of importance as regards employees. The possibilities of securing and retaining desirable employees is somewhat better in the large hospitals, but the efficiency of the medical and nursing forces is more important than the size of the hospital or anything else related to these questions.

That large hospitals can be conducted to advantage — to the

State, the patient, the district, the study and control of insanity and feeble-mindedness — can be demonstrated in this State and in other States and countries, there is no doubt.

I believe that time could be saved, construction expenses reduced, the patients benefited, and the problems more easily solved by making the smaller hospitals into larger ones and deferring the creation of new small hospitals until after the vast number of the insane and the feeble-minded that we are told are now awaiting accommodation can be very materially reduced.

Dr. E. E. Southard, pathologist to the Board of Insanity: — As a result of pondering on the question of the proper size of insane hospitals, I have concluded that, if possible, a *logical unit system* should be applied. I should base the magnitude of this unit on the normal quota of patients which a physician can effectively attend. I should be far from claiming that this normal quota of patients to the physician either has been or can be established with present experience. Assuming that such a unit of attentive capacity in the physician had been established, the economist could then proceed on rational lines to build up an institution stepwise, by the addition of new quotas of patients and physicians to correspond. The limit of aggregation of these effective medical units is without doubt in the hands of the economists, and rightly so, since the most economical plans for arranging food, shelter, and all living conditions depend on statistical calculations of the most complex character, or upon equivalent practical experience.

The classes of insane, feeble-minded and epileptic might well have different indices of attentive capacity in the physician. Thus the insane hospitals of Massachusetts now have from 90 to 100 patients per physician (data of 1904-11); the asylums, from 165 to 195 patients per physician; the Massachusetts School for Feeble-minded, from 187 to 275 children per physician; and the Monson State Hospital, from 90 to 149 epileptics per physician. Thus it would appear that the hospital insane, the epileptic, the asylum insane and the feeble-minded require, in that order, fewer and fewer physicians to a given quota of patients.

There is no doubt that American conditions favor the integration of the insane in large district institutions. But whether this development has a logical basis or is purely hit-or-miss and op-

portunistic is doubtful. It is possible that the prevailing mass method is both opportunistic and logical. Some of the great industries of America, built upon opportunity and integrated to the last degree in the interest of economy and profits, have nevertheless been able to combine integration with extreme differentiation, to the abundant advantage of the business concerned.

How large should insane hospitals be? And particularly, since medicine is coming to dominate economics, how large should insane hospitals be from the medical point of view?

In the first place, what does experience indicate? General American experience is too uneven, spasmodic and recent to indicate many fundamental principles, unless it is the principle that the Anglo-Saxon is likely to muddle through somehow on any basis. We commonly look to Germany for elaborate organized systems, whether of imperial expansion, university education or medical reform. We know that other countries, our own included, often show isolated units of organization superior or at least equal to any that Germany affords. But for complex, interpenetrating, multicellular systematizing Germany surely holds the flag.

There were in 1906 in Germany 149 public institutions for the insane, feeble-minded and epileptic which had, on a given census day of that year, 81,966 patients. It would seem, therefore, that, however great the variation in number of patients in given German institutions, the average number of patients in the 149 institutions was 550. During the year 1906 there passed through these 149 institutions 113,705 patients, an average of 763 patients per institution.

Metropolitan conditions in Germany are somewhat different. Berlin's institutions contained in 1906: (1) the psychiatric clinic, 200 patients; (2) the combined institution for the insane and feeble-minded at Dalldorf, 3,889 patients; (3) Herzberge, 1,335 patients; (4) the institution for epileptics at Wuhlgarten, 1,370 patients; (5) the new Buch institution, 1,550 beds (opened one month subsequent to the census of the first four institutions); and (6) the insane department of the Moabit prison, 49 patients, — a sum total of 8,393 patients, or in reality somewhat less, probably, on account of removals to the new institution at Buch. I was informed this last summer in Buch that the Berlin problem

had been fully met, and that overcrowding was to be henceforward a thing of the past. Berlin has therefore adopted several sizes, but now tends toward the 1,500 mark.

Outside Berlin, various institutions often visited by the traveler run as follows: Eglfing, the asylum draining Kræpelin's 100-bed clinic, contains (1906) 927 patients; Uchtspringe, Konrad Alt's active and varied provincial institution in Saxony, 1,301 patients; Alt-Scherbitz, the celebrated model of colony combined with central institution, the whole on a cottage system with application of the Scotch open-door plan (1876-91), 1,129 patients.

Meantime, not all modern authorities are agreed as to the 1,500 mark. Am Steinhof, about which Dr. L. Vernon Briggs wrote appreciatively some time since, has been planned by the Austrian authorities for 3,000 patients, classified most minutely, and including numerous private and nerve patients.

It is plain, therefore, that doctors (and presumably economists) disagree over these matters the world over. My own conclusion is that an intensive study is desirable to find whether differences in treatment and results do exist under the varying conditions that prevail as to population of the institutions. We should endeavor to establish the proper number of physicians to patients in the prevalent numerical groups, and build our system up unit by unit on this medical basis, letting economy dictate the size of the resultant institution.

We must distinguish the task of the psychiatric clinic from that of the public institution in general. Thus I find that in 14 separate psychiatric clinics of Germany (with which our new Psychopathic Hospital closely corresponds) there was to be found one physician to every 22 patients on a given day, but that this physician saw 163 different patients in the year. On the other hand, in the public institutions in general, one physician corresponded to 115 patients on a given day and took care of fewer than his clinic brother during the year, namely, 159.

This German distinction between the psychiatric clinic and the insane hospital in general brings out in sharp relief the psychological features of varying degrees of attentive capacity in the average physician.

Just as teachers like to deal with, say, 25 pupils, attending to their varying and progressive intellectual needs, Professor Minot

has worked out a unit of 24 medical or scientific students for elbow instruction by a single assistant. Such data, the results of personal inquiry, pondering on the proper number of physicians in the new Psychopathic Hospital in Boston, and a consideration of the above-mentioned German data have led me to wonder whether a tentative schedule of what might be termed the medical, that is, the diagnostic and treatment, units could not be drawn up.

To maintain an acute ward of 25 insane patients, surely one physician would be necessary under usual conditions. For a custodial ward with moderate infirmary duties, perhaps one physician to 125 patients might serve. If we count in the superintendent as one of the attending physicians, we shall secure something like the German figures above-mentioned for insane hospitals in general, at least for institutions containing several of these medical units.

I should then go on aggregating units of 125 patients, securing a new medical officer for each unit up to whatever upper limit the economists might permit on the basis of their statistics or equivalent experience.

The assimilative unit of the psychopathic ward will be invariably far lower than the medicocustodial or general infirmary unit of the main institution. I find that the Massachusetts figures are fairly consistent with the German figures, since the Massachusetts institutions have in general fused their receptive and classificatory problems with their custodial and infirmary problems. I do, however, find really extensive differences in different institutions over the period considered, namely, since the passage of the State care act. I am not at all sure of the exactitude of the units I have chosen, but I am sure that more intensive consideration of the possibility of establishing such units and keeping the medical staffs at least up to the right standard will be of some service.

If hospitals are medically manned on a good unit principle, I do not see that the upper limit of size can be prescribed except on the basis of the superintendent's administrative capacity and available business principles; let these tend to integration or to differentiation as economics may dictate.

Dr. Charles E. Thompson, executive officer, State Board of

Insanity:—The very interesting discussion to-day has brought out the only-to-be-expected difference of opinion between the superintendents and trustees of our hospitals as to the relative merits of small and large hospitals. All are agreed, however, that when we have passed a certain limit—600 or whatever it may be—then it becomes necessary for the superintendent to detail many duties to subordinates. It seems to me this is the keynote of the success of every hospital small or large. I think our average superintendent is too apt to want to carry too many details which might well be given to subordinates.

The whole difficulty, then, seems to me to depend upon the administration, whether it sees that it has passed the small limit and prepares itself for a larger limit.

The larger hospital can have its organized departments and a suitable man in charge of each, very likely attracting better men than small hospitals may, and each man can act in the same way to that department as the superintendent of a small hospital does to his entire hospital. I believe if a superintendent sees that he has passed the small hospital limit, then it is only a matter of developing his organization to run his large hospital.

The superintendent, of course, must be either a medical scientific man or else he must be strictly an administrator. I do not think it is often possible to combine the two. I think that it is perhaps expected by some that one man can do everything.

In the larger hospitals more can be done, it seems to me, in the study of causes and methods of prevention of insanity. They can have better equipped laboratories, attracting highly scientific men, and pay them for it. I think both the small and large hospitals should have probably more and better assistant physicians, and that means paying them what they are worth, within reason. I think, whether we keep a small or large unit, we should have, if possible, the highest type of assistant physician and pay him what he is worth,—not a sliding scale, depending on length of service necessarily, but pay each man what he is worth and thus attract good men to the service. The essential thing, then, is to develop a proper organization.

Mr. John M. Merriam, trustee of Westborough Hospital:—I am not a physician, but one of the trustees of the Westborough State Hospital, and perhaps look at this question from the stand-

point of a layman. I have been very much interested in the discussion of our superintendents and physicians, but there is one aspect that has appealed to me which has not been expressed.

The unfortunate things that come to the notice of the trustees are the things that are not planned, — the accidents, the unfortunate occurrences that are not met by existing organization or classification, — and the risk of these unfortunate occurrences, these accidents, it seems to me, increases with the size of our institutions. For one, I hope that Westborough, with its 1,200 patients, will not increase. I think we have all that our physicians can attend to.

We have difficulty in finding physicians to serve on our staff. The difficulty of finding suitable attendants is increasing year by year, and these administrative difficulties seem to increase with our increasing population.

For example, in case of fire there is increased danger of panic; an unfortunate escape may occur; a suicide brings the attention of the public to our institution; an unfortunate instance of abuse or of neglect; difficulty in handling patients' effects, in keeping the clothing and personal effects of a large institution distinct, so as to avoid trouble with individual patients on that score. There are these small details, some perhaps not of great importance, and yet all touching the successful management of an institution, and these seem to increase, or the risk increases, with increasing population.

Dr. Samuel B. Woodward, trustee of Worcester State Hospital: — May I ask the last speaker on what statistics he can base the statement that these things increase with the increase of population in the various institutions, — why more people escape in proportion to population, and why there are more suicides or more cases of abuse?

Mr. Merriam: — I am not prepared to give statistics to support this theory, — and possibly statistics will not support it, — but my experience in connection with our institution would convince me, as a matter of personal judgment, that the risk of these things increases with our population. I cannot judge of other institutions. I can only speak of my own observation and my own fear.

Dr. Edward W. Taylor, member State Board of Insanity: — I

personally have no very strong convictions on this matter. Evidently there is much ground for a very legitimate difference of opinion, but I am inclined to think that the difference of opinion is more imaginary than real, for after all, a large institution is simply a multiplicity of small ones. I remember a very interesting conversation with Dr. William A. White, of the Government Hospital for the Insane, at Washington. We were discussing this very question of the size of institutions. I was impressed with the very large size of that institution, which then had some 3,000 patients. Dr. White said he had given a great deal of attention to the subject and felt thoroughly convinced, from his point of view, that there should be practically no limit to the size of an institution provided its organization was perfectly carried out. "How do you manage it?" I asked. He said, "Of course, I cannot personally oversee it all, but it is divided in such a way that we have really a multiplicity of institutions under one general head." He made a comparison that a great government like the government of the United States was run, not actually, but practically in the eyes of the people, by one individual, but with various subordinate officers. He, therefore, was in favor of large institutions on the ground of government and of various other matters, — the better association of the physicians, the more stimulating contact, particularly if men were working relatively independently and could come together and discuss their various problems.

It seems to me Dr. Thompson has hit the nail squarely on the head when he says that the question is one of competent subordinates, as suggested also by Dr. Southard, who has made reference to the great industrial trusts. After all, the difficulty of the superintendent, I should suppose, is the same whether he is dealing with 200 or 5,000. It is perfectly impossible for him to have such actual knowledge of the patients as would justify his highest medical ambition, since he must subordinate his care of the patients to other things, which means he must have assistants who will take the medical care off his hands. Why isn't it perfectly possible in the future to develop, as we are trying to do, this matter of subordinate officers, subdividing the work, allowing the superintendent to have complete supervision and yet to interest himself in any particular branch of the work which he

may be inclined toward, whether administrative or medical, or some particular research in some definite field of his endeavor?

The tendency toward enlargement in any case apparently cannot be withstood. We may have large institutions and small institutions, but the large institutions are inevitable, and I personally cannot believe that the organization can be good or complete if the subordinates are inadequate to the needs and demands made upon them. I cannot conceive why a large institution should not be as efficacious as a small institution, and, in many respects, more so, for there are always the added stimulating effect of the various officials one upon another and the greater clinical facilities which the large institution affords.

Personally, I should not altogether agree with the opinion that there is greater danger of accidents in the large institutions. We have no actual statistics on this point. I should suppose that such accidents, suicides, etc., would be fully as apt to occur in very small institutions. Certainly we hear of them often in rather poorly equipped hospitals of 50 or 75 or fewer patients. That is a matter which might be determined by actual statistics.

I feel in regard to the whole question that the natural evolution of institutions will play a strong part in it, and that, although it might be wise, as Dr. Southard has suggested, to start an intensive study of the subject, nevertheless, the general social situation will work it out, and that it is for us largely to follow rather than to guide these great social tendencies. There is, I believe, nothing merely in the size of an institution which prevents a perfect organization; on the other hand, the size, just as is shown in industrial organizations, would rather tend to improve than impair efficiency. Naturally, the matter is one which cannot be settled by discussion but it is surely one of great importance.

The twenty-eighth semiannual conference was held at the State House on Nov. 19, 1912. Dr. Herbert B. Howard, chairman of the Board, presided. The subject for discussion was: —

FAMILY CARE.

The views of the different speakers as expressed at this conference were as follows: —

Dr. Herbert B. Howard, chairman of State Board of Insanity: — Without any preliminary talk upon the subject for to-day, I will introduce the first speaker, Dr. Henry R. Stedman.

Dr. Henry R. Stedman, chairman of Board of Trustees of Taunton State Hospital: — It is many years since I have been actively interested in the development of family care of the insane, and what I have to say is by no means an adequate presentation of the subject, but merely a peg on which to hang discussion by others who are more familiar with the present situation. I will say, however, that I find the advantages of family care and its possibilities, as shown in a paper on the subject contributed by me to the report of the Massachusetts Board of Health, Lunacy and Charity for the year 1884, at its request, seems to have been fully borne out by the operation of the system in this State, with the exception of its adequate development, which is yet to come. At that time it was regarded as a doubtful experiment, and the Board itself, in a note on the paper, designated the project as a “peculiar method of treating the insane which has eminent medical authority in its support.” The subject was also treated at length in an admirable paper by Dr. Copp seventeen years later, in 1902, which should be read by all who are interested in the care of the insane.

As there are many present who are not familiar with this method of caring for the insane it seems to me well worth while briefly to restate its object, advantages and possibilities. The family or boarding-out system is a provision for boarding out the quiet and harmless insane in private dwellings under regular official supervision, for the purpose of relieving the overcrowding of our State hospitals, economy to the State and, above all, of improving at the same time the comfort and well-being of these patients by natural home surroundings. It has been in operation in this State since 1885.

The law provides that the Board of Insanity may place insane persons of the chronic, quiet, nondangerous class at board in suitable families within the Commonwealth at a cost to the State for board, not exceeding \$3.25 a week per capita; that it shall cause all such boarders to be visited at least once in three months and all such municipal boarders once in six months; that it shall remove to a better boarding place or a State hospital any such State ward who may be found upon visitation to be abused, neglected or improperly cared for, and may remove any such ward who may be unsuitably provided with a boarding place. The law was extended in 1905 so as to allow the trustees of the

State hospitals to so place out cases, such boarded-out patients being deemed to be inmates of the institution.

The system is in other countries, particularly Scotland, where large numbers of such insane taken from asylums, for at least fifty years past, have been cared for in private dwellings, and where there are now 2,994 pauper patients so situated, or about 17 per cent. of all the insane pauper population under care in that country. Since 1885, 1,104 patients have been so boarded out in this State. The daily average number for the year 1911 was 272, of whom 258 were women. The number of families having patients was 147, 85 were admitted, 9 were discharged as capable of self-support and 20 were returned to hospitals as unsuitable cases. The average weekly per capita cost for this support and supervision since 1889 has been \$2.69.

The first thought that occurs to the lay mind is the lack of proper supervision that would obtain when such patients are away from the institution. This comes from an exaggerated idea of the needs of patients of this class. They have reached a stage where constant and vigorous inspection and oversight are no longer necessary. Chronic patients such as these require no medical attention and little general supervision to speak of when in the hospital, and many of them have a great deal of liberty and even parole. The amount of visitation and supervision of boarded-out patients provided for in the statutes, which is much the same in Scotland, has been found, moreover, to be ample, and the number of accidents surprisingly few.

Another question frequently raised relates to the effect of the presence of such patients in the families themselves. There has been in this direction, also, no sign whatever of any bad result. The interest and solicitude, perhaps also the self-sacrifice and pride which the care of such a patient may awaken in some households, whether that interest be due to kindly or pecuniary motives, are certainly beneficial influences, and would seem to counteract any demoralizing tendencies springing from the insanity of the patient. Dr. Lawson, a former inspector of patients in private dwellings in Scotland, found that in the majority of cases in which insane persons have neither dangerous nor indecent tendencies their presence among sane associates is either productive of no harm or is actually beneficial. Dr. Copp reports that no deterio-

ration in the personal character of the families has been detected; on the contrary, the visits of inspection and the desire to retain patients have seemed to stimulate them to their best efforts, not only in behalf of their wards but also in their own affairs. The premises gradually assume a neater and more orderly appearance and the housekeeping improves. Rarely have patients given annoyance in the neighborhood or become objects of adverse comment.

In spite of the general impression that it would be difficult to find the right families for these patients, there has never been a time for years in the experience of this department of the work of the State Board when a suitable family did not await any patient selected for such a purpose. I understand, however, that there has been some difficulty in this respect with regard to patients boarded out from the Northampton Hospital, the only institution where the trustees, I believe, have made a serious attempt to board out their own patients. This difficulty, however, it is thought, probably would not have arisen had an agent been employed who was connected with the hospital and who had no other duties than boarding out or social work.

As to the patients themselves there is no question that they are happier, and in the life of a home have more to interest them than in an institution. They become a part of the family, as a rule, and above all have their liberty. The majority of them are happy and contented and well-treated, and there is also no indication that their physical condition is neglected. A certain number, as will be seen, either recover or are discharged as capable of self-support. As for unsuitable cases, there were 30 per cent. in seventeen years who had to be returned to institutions. As to the expense entailed by their care, it has been computed by Dr. Copp at 47 cents less than the *per capita* cost of support in institutions. This is, he says, not a fair comparison, as patients suitable for family care are much less difficult and less expensive to maintain than the average insane population of institutions. Without doubt the mere support of the same class is cheaper in institutions than in families. This, however, is partly offset by the indirect saving from resulting self-support of patients and stimulation of the interest and co-operation of friends, — 53 boarders, or 10.6 per cent., became self-supporting after boarding an aver-

age of two years and two months. Their previous hospital residence averaged four years and ten months, the longest being twenty-four years and eleven months.

Considering the large number of patients in our State hospitals who are suitable for such care, *i.e.*, the chronic, older, harmless but healthy ones, and considering also the facilities that exist for their care and comfort in families, it is most unfortunate that the family system has not made more headway. At the very lowest computation by competent observers familiar with its operation and benefits, between 600 and 700 could be immediately boarded out in place of the meager average of about 250 that now prevail after twenty-seven years of its existence. The chief reason for this has been the fact that one physician in charge of the State department cannot follow more than 300 cases. To be sure, he has two nurses to help him, but they can only report on homes, and their reports of the patients — their needs and condition — cannot be always relied on, owing to their inexperience in medical matters and the social problems that often arise. More might have been done, to be sure, if two physicians had been employed, and even then its extension would not be under such good auspices as would be the case if the system were to be developed by the separate institutions, in each of which a special officer should have the boarding out and oversight of patients living in that district, including the selection of cases and homes.

Other reasons for the lack of proper development of this department have been the want of interest on the part of hospital authorities, their objection to losing the workers (which means increasing the maintenance cost), the occasional recommendation of unsuitable cases, etc.

The advantages to follow from the plan by which each hospital handles its own family cases are many. The patients will be better selected and the homes in which they are living will be better known. The community will feel better if the hospital authorities know the patient and will take him back when necessary. Each hospital can handle its own problem more satisfactorily than it can be handled at a distance, as at the State House. At present a patient often has to be sent a considerable distance from his home, — in another part of the State, it may be, — which is far less advantageous than if he remained in the district with which he is familiar and where he is known.

But even then little can be accomplished unless it be made the special work of a single hospital officer, and here comes in the usefulness of the social worker living in the hospital. Such a person whose duty it would be to follow up the discharge cases, especially those on a visit, to advise and encourage them, help regulate their surroundings, and also to take charge of and develop the boarding-out department of that hospital district, would, I believe, give a great impetus to the work, and one of the most experienced physicians in the State in this work tells me that he believes that at least 200 or 300 patients might in time be so boarded out in each hospital district.

We are just now enamored of eugenics, and extensive investigations are being made at great expense to unravel the heredity of defectives. This is well, but does not one of its great advantages lie in the insight it gives into the homes and conditions of life in which the patients have lived and been brought up? Should not such knowledge be turned to its most beneficent use in enabling the eugenic field worker to be of practical benefit as a social worker through a better knowledge of the situation of the patient after he leaves the hospital? Is not too much stress being laid on race improvement and too little on the practical, immediate help of our patients by improving the living conditions outside the hospital? In other words, is not the disease interesting us more than the patient? I believe that the eugenic field worker should be a social worker as well, and that each hospital could do no better work in developing the family system than by employing a woman of the excellent type represented by the present field worker as director of the boarding-out department. Made responsible for the selection of patients and homes in the immediate neighborhood and their adequate supervision, she would be of the greatest help in placing the system before long where it should stand as a really valuable and useful adjunct to the provision for our insane poor, a means of economy to the State and a refuge for the chronic, harmless insane.

Mr. F. B. Sanborn, Concord, Mass.:— Mr. Chairman, Ladies and Gentlemen: I wanted to call the attention of the conference to some historical facts which cannot be expected to be in the memory of younger persons. The first intimation of the family-care system in Massachusetts came from the late Dr. S. G. Howe, who was a reformer in regard to most classes of our dependents.

He had watched carefully the success in Scotland of Dr. Arthur Mitchell, afterwards Sir Arthur, in reforming the Scotch system of placing the insane in private dwellings, which is, I suppose, the model for all countries. It is much superior, in this respect, to the system in Belgium at Gheel, and Lierneux. I have twice visited Scotland and twice visited Gheel. The patients are much more widely distributed in Scotland, and this more effective phase of the Scotch system demonstrates the fact that the system of Belgium might be developed farther.

Dr. Howe laid down the principles of family care in the report of the Board of State Charities in the year 1866. He visited Gheel in 1867, and on the spot examined carefully into the system. His observations there have never been printed, but I have his journal. I have myself visited Gheel twice and can speak with confidence of its merits and defects.

Dr. Stedman probably knows that I selected him to write the paper which he wrote for the Board of Health, Lunacy and Charity many years ago. It was our custom then to have a paper on some special subject printed in the annual report of that Board. I was its inspector of charities. We were then, in 1885, long after Dr. Howe's death, contemplating the introduction of the Scotch system, which was favored by the Board. I drew the first law on the subject, and the circular which was issued in connection with the family-care system in the year 1886 was written by the late Mrs. Leonard of Springfield, who took a warm interest in the matter. The objections then brought to our notice were simply objections of ignorance. No enlightened person would have heeded most of these objections. They were comments of ignorance on a subject where information was available. In our experiment, we soon found that the hospitals themselves ought to be authorized to place out patients; that double work was being done under our law. We had to refer to the hospitals for information about their patients whom we boarded out; therefore we had two systems in operation where one would have been more effective.

So long ago, I think, as 1890, the National Conference of Charities, with which I have long been connected, appointed a committee on this general subject of insanity, and on that committee were Dr. Earle, then the most experienced superintendent of insane

asylums in the whole country; Dr. Talbot of Boston, then one of the trustees of the Homœopathic Hospital; and Dr. Stephen Smith, who had been Lunacy Commissioner of New York for some years. We recommended to Massachusetts that the hospitals should be authorized to board out their own patients. Some fifteen years elapsed after that recommendation was made before the statute authorizing the hospitals to board out their patients was passed. So many questions have arisen and so much inertia has prevailed that our family-care system, though established now for twenty-seven years, has not been operative to any great extent. I think that the Board of Insanity in Massachusetts (whose formation I actively favored because the previous Board had become so absolutely ignorant and prejudiced on the subject of insanity that it was doing nothing) would have done well to investigate the European system much earlier than it did. I am not aware whether they have ever sent an agent abroad to examine it, but during this period of inaction in Massachusetts nearly all the countries of Europe have introduced this system of family care. France introduced it, I think, in 1900; some of the States of Germany earlier introduced it; even in Russia it has been introduced. No investigation will produce any other result than that which Dr. Stedman has so well stated. My own opinion has been for many years that many more Massachusetts patients could be placed in families, and that their recovery, their self-support and their general condition would be promoted thereby.

With a little more time than is now at my disposal, I could state facts which might be interesting. I have never had the least doubt since 1870 that this system ought to be introduced in Massachusetts, and I suppose it would have been but for unfortunate circumstances which occurred in 1888, but I make no further reference to them. The persons who introduced it and who saw it carried out were quite familiar with the subject of insanity and its treatment from long study of the subject.

I suppose that I have myself seen more insane persons than any of the gentlemen present, — at least 100,000 of the insane in different parts of the world. I have talked familiarly with at least 20,000, and I may, perhaps, record myself as an expert. My opinions are of a character that, when once formed, are seldom given up, and they have never varied on this subject since I in-

vestigated it between 1866 and 1870. I am glad that others have now come to the same conclusion; indeed, no other conclusion was possible when the facts became known.

Dr. Chas. E. Thompson, executive officer of State Board of Insanity: — It occurred to me that if certain features were illustrated by charts they would appear a little plainer to you, and perhaps during the discussion reference may be made to these charts, as they show just what has taken place and how existing conditions have influenced the number placed in family care. (These charts were prepared by Dr. Fuller, as was the entire exhibit which is arranged about the room.) This exhibit is that which the State Board arranged for the Fifteenth International Congress on Hygiene and Demography at Washington, D. C., in September, 1912.

One of these charts shows on the upper line the number beginning with 1885 placed out in family care. In the beginning a great many were sent out, and in the year 1888, alone, no less than 88 were placed in private families. Then, as Mr. Sanborn has said, the number rapidly fell off, so that in 1898, the year the present State Board of Insanity was established, only 10 were placed in family care. Then the newly appointed Board began to stimulate the sending out of patients, and early engaged a special physician as director. Under Dr. John E. Fish the number rapidly increased to over 100 admissions in 1905. Dr. Fish retired from the work in 1907 and a physician took charge of the work who remained only one year, after which the present medical director, Dr. William T. Hanson, began his service. (The charts reflect the change in directors.)

The lower red line shows the accumulation in the daily average number in families. The upper black line shows the number sent out each year. The remarkable and of course the most natural thing about it is that when special interest is taken in sending out patients the greatest result is shown in the increase in accumulation; at the present time there are 310 boarded in private families.

The second chart shows the cost of family care compared with the cost of institution care. The first year the data is comparable is 1899. The red line indicates family care; this line runs along very evenly until 1905, when Dr. Fish placed many patients out.

The result was a reduction in the weekly cost per patient. From that point on it has remained about the same, \$3.15.

During the same period the cost in institutions, up to 1902, remained the same as family care, and since then has been gradually going up, until it was \$4.33 in 1911. This chart shows very graphically the difference in cost in family care and in an institution.

The third chart simply shows a comparison of numbers boarded out by the State Board and those by institutions. We have taken the year 1911, which was the most favorable year as far as institutions were concerned. In 1911 more were boarded out than in any previous year, but only 5 per cent. of the total number boarded out were so boarded by the institutions, and most of these were from one institution.

Dr. Southard, pathologist to the Board, has visited colonies abroad and family-care systems, especially Gheel, and we asked him to say something upon the subject of Gheel. Unfortunately he was called away, but sent this letter from Chicago: —

“In 1911 I made the Gheel pilgrimage which every good alienist must make before he dies. Something like 18 per cent. of the Belgian insane are cared for in families, and the Gheel idea is a household word. Yet I was impressed that St. Dymphna had transferred some of her functions and was now speaking in part through organized administration, since there is now in Gheel a well-appointed central hospital group with reception functions. Moreover, daily visits by supervisory physicians make the Gheel conditions not so far different in *medical essence* from those of a hospital cottage or colony system here in America. In *social essence*, however, I fancy that the situation seems to the insane themselves a far different matter from anything obtaining in our hospital cottages or hospital groups.

“In Göttingen I found that the government, in building cottages for attendants near the institution, had taken care to provide extra rooms so that attendants' wives could turn a penny extra by keeping certain harmless and parole patients outside the hospital walls, but under the close supervision of the hospital physicians. Whether this plan could have extended application roundabout any of our Massachusetts institutions is to me unknown; but I believe the idea should be respectfully considered.

"In France the Belgian plan has been scientifically considered and applied in the shape of separate village units for the two sexes. Economically, the government found it desirable to pick a dead or dying factory village, in which householders were vainly seeking to secure lodgers. Therein it has been found possible to secure something like the Gheel effect, even in the absence of the thirteenth century nursing-traditions of St. Dymphna's villagers.

"Whether Massachusetts has any dying villages is a question; whether summer boarders are not more profitable than the harmless insane is another question. I am convinced, however, that one of the proper functions of rural State hospitals might well be to build up — on its own land or on new land — a set of Gheel or Göttingen conditions for the harmless insane. Such would go far in my mind to compensate for the remoteness and inaccessibility of some of our institutions, governed as we all know by the conditions of first cost. The Gheel people are proud of being able to point out to you patient after patient harmlessly walking the streets, caring for the children, or praying at the ancient shrine of psychotherapy, the Church of St. Dymphna. We might be able, even in Massachusetts, to stir up, with an extended system of family care for the harmless insane, a similar village pride in charity."

Dr. Howard:—We thought it would be interesting to hear from the community side. There is a physician in Massachusetts who had to do with family care in another State and has had quite a little to do with it in this State. I refer to Dr. Larrabee of Tewksbury.

Dr. Herbert M. Larrabee of Tewksbury:—Mr. Chairman, Ladies and Gentlemen: It has been my privilege to care for the insane, or to aid in caring for the insane, both in private and in State hospitals, and for the last nine years I have had more or less to do with the custodial patients in my town.

We have, I believe, something over 50 patients in the town of Tewksbury. I suppose the reason why we have so many patients in a small town of that sort is the fact that we have a hospital right near us, and a great many of the nurses and attendants later get married and settle right about us. These people have had the care of the insane and they know how to care for them, and it is a great help to them to be able to get some of these patients into

their families, so that we have, I think, some 15 or 18 caretakers who have had the care of the insane previous to taking patients.

The natural question to ask is, "Why do they take patients?" "Is it absolutely a financial condition with them?" I think that is so sometimes. I have heard some people say, "I would like to get some State boarders." Well, they take State boarders, and it is surprising to find, after they have had them awhile, how they consider the matter. A great many of them will take these patients into their homes and will make them members of the home. They will be treated as well as any member of the family and will be cared for just as well.

Now, the idea of supervision is what strikes me so forcibly.

I feel that I can thoroughly congratulate the State Board of Insanity upon their visitors and their physician. In the first place, our caretakers never know when that physician is coming around. They never know at what time he is coming; they are always on the alert to keep their houses and their patients in proper condition, which is a very fine idea. It is the same with the visitor, and when that visitor or that physician goes into one of our homes, she or he does not go into it and simply pass the time of day, so to speak, but goes into it to investigate the situation just as it is. I have known that physician to go into a home and look over the beds and look over everything that would be of interest to the patient, without offending in the least the caretakers, showing that he is looking into the situation to see that the patients receive proper care and attention. On account of the fact that the caretakers are not notified, they are always ready. It stimulates them to keep their places in better shape, which is a big help to the community. It makes better families for us.

Now, from the standpoint of the benefits to the patient and to the families. The families take patients in, primarily, some of them, because they think it is going to be a financial help to them. Before they get through, I do not know whether it is a great financial help to them or not, but the patients grow into that family, a good many of them, so that they will care for children, help care for the house or help care for any invalids that may be there. They will help in little ways, not being given too much responsibility, but being given enough so that it is a help to them from a psychological standpoint. The pure financial part of it,

I think, is not greed of gain on the part of the caretakers. I think that is growing less and less each year.

Now, another thing. We are getting in our town to a position in some of our foreign districts or localities where we are not only developing good caretakers, but these are becoming professional caretakers. The mother is a caretaker and the daughter becomes a caretaker as soon as she is married and has a home of her own. That has happened in six different cases in our town. The daughters have had the training in their mothers' homes of caring for these patients, and they grow right into it very naturally and become very capable caretakers.

In reference to the diet of our patients. Many of them are taken into the homes as members of the family; they sit at the same table and have the same food the rest have, which is very good always, and they are well clothed, so that I have never yet had anybody come to me and say that one of the State boarded-out cases was not properly clothed, was not warm or not comfortable. I have always found them well cared for by their caretakers. Their diet is that of the family, and in a rural district they have a great deal which comes from their own farms. This is very much preferable to what the majority of caretakers could give in the cities, and in my opinion it gives them a better start, and is better from the standpoint of dietetic treatment. They are getting wholesome food and plenty of it, and it is much better to have a patient in such a community.

I have never yet known (and this is truly speaking) a patient to be abused in my district. I have always known them to be cared for very carefully, and the more demented the patient is the more care I believe she gets. It is a very happy situation, to see these unfortunates having such a privilege as they have by boarding out.

I have seen quite a number of very rapid gains from the fresh air of a rural district, good food and quiet surroundings, and with nothing to stimulate them more than the little activity that they get from their work.

Now we come to the idea of work. It is because of their fitness for work, perhaps you will say, that we ask for patients in our rural districts. Work is one item, but I tell you that there are none of them overworked. There are none of them but thrive,

and what work they do is just a little sewing or light work about the house, helping as any individual would perhaps help as she begins to recuperate, doing little things such as making beds and helping to wash dishes. These things are good for the patients because they keep them employed. It would not be well, according to modern ideas, for patients to sit down and have no occupation whatever. They are kept moderately busy. They have a little room of their own, a sitting room, where they can sit around if they wish to. If they do not want to work they are not obliged to, and if depressed they can be by themselves for a while at least.

In the selection of these cases I have been particularly pleased with the class of patients sent to us. We have not received any dementia præcox cases which, in their mischievous moods, would cause a bit of trouble for us. We have received some manic-depressive cases which have been capable of appreciating what was being done for them, and have succeeded in improving quite a bit there. Quite a few of them have gone out and been discharged as cured. Then, of course, our slowly dementing cases, our elderly people, who are tidy and suitable to be put out to board, are very, very appreciative of it. You would be surprised to see the old ladies that I see, in their neat clothes, getting along so happily and contentedly. It seems as though that fact alone were worth the whole boarding-out system. In picking these cases out they have not given us a case that would cause us trouble, and each year they are becoming more adept at picking out the cases that are adapted to this kind of care. It is getting more infrequent right along to send a case back to the hospital. Of course, we are right in the district where our cases are within five miles of a hospital. It is very easy for us to take our nurses and send our patients to the hospital in case it is a necessity. We do not have to wait any length of time if one breaks out and is causing trouble; all we have to do is just to notify the Board, and with their help these patients are immediately removed, not giving them a chance to do any harm to others or themselves, which is a great help in making the system satisfactory.

Dr. Herbert B. Howard: — Mr. Sanborn referred to the trouble he had in boarding out the insane. When Mr. Sanborn began to place these cases in private families Dr. Fisher was the superin-

tendent at Tewksbury, and he exerted himself a great deal to assist Mr. Sanborn in that work. It seemed as if every good worker among the insane in that whole institution was, if he or she was quiet (and most good workers are quiet and manageable), turned over to Mr. Sanborn to be boarded out, so that the institution was absolutely stripped of all the good workers it had developed. I was there at the time, and it seemed pretty hard to me, and I must confess that I, at that time, was not sympathetic with it. It seemed to me they were taking away everybody that we had to do our work and placing them in private families and paying for their board. Now, after about a year it was discovered, by some ruling of the Attorney-General, that most of these people who had been placed out were not legally so placed, that a good share of them were people who had been transferred to the asylum without the technical papers being quite complied with; so all those not legally insane were called back into the institution. Dr. Fisher wished to avoid taking any sides in this trouble, and so these people who were called back were never returned to the asylum department, but were kept on the almshouse side of the institution, where special wards were prepared for them. The result was that most of these people who were returned to the institution under those conditions were again taken back by the families with whom they had been boarding. Some of them were paid wages, and all of them were taken back into families under such arrangements that they were no expense to the State. There were some 35 or 40 people by that little stir-up absolutely taken right off the State's hands.

I followed quite a good many of these for a number of years, and I do not know of one of those 35 or 40 people whom I did not think was really benefited and had a pleasanter life for getting outside of the institution. Most of them did not care to leave the institution at the time they went.

I want to say another word, too, about the effect on the institution of taking all our good workers and placing them out. As I told you, at that time I was not in sympathy with it. When I followed it along for a year and saw how we developed other people to take the places of those who had been taken away from us, I felt that if they would only strip us again next year it would

be a good thing. It made all of our attendants so much more active in developing good workers that we developed them from rather unexpected sources. It was perfectly plain to me that it was a great thing for our institution and a great thing for the insane. I hoped that when the matter of law was put through, so that each institution could put out boarders for itself, the superintendents would voluntarily strip their institutions of every good worker they had each year and place them out in families. Their attendants and their employees, to be sure, would not be sympathetic with that, but I am sure that if a superintendent would do it and take account of the benefit that it was to his institution, there would not be any question but what he would repeat the operation, because it does liven up the institution; it keeps it from being lulled to sleep; it takes away the easy-going part of it; it makes a lot of attendants active in doing something which really helps the patient, and helping the patient is synonymous with helping the institution.

I had hoped, myself, that the boarding-out process would be taken up more actively in each of our institutions than it has in any one of them; but I would like Dr. Houston, whose institution has responded the best to that law, to say a few words on this point. I would like to say to Dr. Houston, personally, that although I think you have done the best of any of them, I hoped that you could do really better on this point than you have. I should have been willing to have seen you place out three times as many as you have. I would like to have those present hear what you have to say on this subject.

Dr. John A. Houston, superintendent of Northampton State Hospital:—I have been familiar with the boarding-out system since its inception in this State, and early recognized some of its difficulties. From the very first it seemed to me that the matter was handled at arm's length, as Mr. Sanborn has said. The people who were selecting the patients were not the ones who were selecting the places where they were to be boarded. For a long time I thought that the proper persons to supervise the boarding out of patients were the officers at each institution.

When the law a few years ago authorized each institution to board patients out, we immediately tried it at Northampton. I

think the best we could do with the means that we had and the time that was available was to board not more than 7 or 8 or 10 in each year.

Last year, beginning with the hospital year, early in October, we appointed an officer, an assistant physician who had been with us for twelve years. She had left to be married, but was to live in the neighborhood a few miles away and to give us three days each week for social-service work. A large part of her work is to visit patients who are boarded out, to visit families who apply for patients, and to make inquiries in the western part of the State for boarding-places.

About a year ago I was asked if we could not place in family care from 100 to 200 patients. I did not believe this to be possible because of the difficulty of finding proper boarding-places. I did, however, try to encourage the placing out of at least 50 patients the first year, but we did not succeed in finding homes for so large a number. The chief difficulty, perhaps, in placing out a large number is in fitting the patient and the boarding-place to each other. In Scotland and Belgium and other places that we have heard about this morning the population is practically homogeneous, and the patients who are boarded out are of the same race and type as the peasantry of the country, but this is not by any means true of Massachusetts. Perhaps it is more nearly true of the section served by the Northampton Hospital than of any other part of the State, but it is far from being as nearly true as it is in Scotland, for instance. I do not find that the families who apply for patients are similar to the class of patients we have. That is one difficulty.

Another reason why so few are boarded out is this: we have always made a special effort to persuade the friends of patients who are suitable to be boarded out to take them to their own homes. That is a saving to the State because then they pay for their own board. We have never paid the board of patients boarded out in their own families. That is one reason why we have done less than Dr. Howard had hoped.

When Dr. Whitney took charge of her work we had 10 women boarded in private families. That much we had done through correspondence and by either going myself or sending out one of my assistant physicians or one of my officers to visit boarding-

places. As soon as Dr. Whitney took charge of the work she began looking up places. Her report is as follows:—

Ten women were boarded in private families Oct. 1, 1911. During the year Oct. 1, 1911, to Sept. 30, 1912, 18 women and 2 men were placed in private families, making a total of 28 women and 2 men in families during the year. On Sept. 30, 1912, there remained in private families 24 women and 2 men. During the year 4 women were returned; 1 because of recurring mental trouble, another because her mental condition made it unsuitable for her to live outside the hospital, and 2 because of physical illness (1 pernicious anæmia and 1 cancer of the stomach).

Of those who remain out one is earning \$15 per month besides his board as a farm laborer. That pays; that makes it worth while. Four are self-supporting, *i.e.*, the hospital pays nothing for their board. Eleven are partly self-supporting, we paying prices ranging from \$1.50 to \$2.80 per week. We have prevailed upon the friends of 6 patients to pay the bills, and the hospital pays the full rate of \$3 per week for 3 patients.

When the thing succeeds it is very successful. When we go to a family, as I did the other day, and see four patients happy and contented, and the woman who is taking care of them equally pleased, it seems like an excellent thing; but when we send to a family patients who we think can get along well, and after a week or two have to bring them back to try in other families, and have to try another patient in that family, finding difficulty with families and with patients, it is not quite so successful.

Now, as to the expense: our experience seems to show that the expense of boarding patients out is not any more than it would cost at the hospital; probably, if we take into account the man earning \$15 per month, it is less. On the other hand, this man would have been discharged to some suitable place if he had remained at the hospital. I should think the expense was fully as large to the hospital to board out patients as to keep them at the hospital. The saving would be in not having to put up expensive accommodations at the hospital, varying from \$500 to \$800 per patient. In that way there is an economy to the State. However, in my opinion, we should consider not so much the economical part of it, as whether or not the patient is benefited. I think the patients are benefited when we can find suitable ones to be boarded out.

The principal object that inspires families to apply for patients is not one of philanthropy, but one whereby they may make something out of the State. Many of them want patients who can work; who can do almost the work of a paid domestic if it is a woman, or of a farm laborer if it is a man. Otherwise, they want to get something, \$2.80 or \$3 per week, for the board of a woman who will sit around the house and do nothing, causing them no trouble; one who is able to take care of herself, — in other words, one who would be an inoffensive, not troublesome, boarder, — at a fair rate of board. It has been our experience, however, that after the caretakers have had the patients in their families, they seem, in many instances, to get quite a liking for the patient and oftentimes ask for a second one.

During the year Dr. Whitney visited 29 homes as prospective boarding-places. Of these, 8 were rejected because of the untidy condition of the house; 5 because they were inaccessible to the person who visited, — in the mountain districts where it would take two days for her to go and return; 3 were rejected because of the unsuitable conditions of the family and their surroundings. One place I remember particularly. The place would have been suitable, but the woman who applied desired a woman patient. However, because there were a lot of Italian laborers in a camp within three or four hundred yards of the house we did not send her there. Of the homes we accepted as possible boarding-places, 9 later declined to take patients, some because they preferred to take State children, others because some member of the family was afraid of insane persons or because they themselves were ill.

The places accepted were satisfactory, with one exception, and in this case a patient was allowed to go to a place of her own choosing, which was found to be unsuitable, and the patient was transferred to another boarding-place, where she did well until a recurrence of her mental trouble caused her return to the hospital.

Several persons who applied to take certain patients were visited, but decided not to take them on learning the condition of the patient or the small rate of board paid.

Applications have been received and approved from 5 homes, and patients will be sent to these as soon as suitable ones are selected.

It has been difficult to secure desirable boarding-places because of the small rate of board paid and the high cost of foodstuffs. In many cases people preferred to take State children. The State Board of Charity refuses to place children in families in which there are insane persons.

Fear and prejudice against the insane are great obstacles to be encountered.

We have written to the overseers of the poor in quite a number of towns, and some of them have recommended families who might take patients, and in this way desirable homes have been found. Letters have been written and visits made to persons likely to take patients, and many of those have recommended others.

I should advise every institution to appoint one of its staff who is familiar with the patients to give a certain amount of time each week, one or two days, perhaps, to hunting up boarding-places and to visiting patients who are boarded out. I think they can do much better than the State Board of Insanity can, and in time I expect that each hospital can do much better than we have done, but we have tried to do better than our showing appears. I doubt if we could have boarded out any more in the last year. We might have placed more patients out, but would have had failures result.

As the people in a community get familiar with the idea of boarding out the insane, other families will apply for boarders. Seeing how comfortable these patients are they will be willing to try patients themselves, so that I expect in time we can board out a much larger number; still, I doubt if we will ever be able to board out any number like 200, as Dr. Stedman thought we might, from each institution. It seems to me, from the nature of things in Massachusetts, that it would not be possible.

Dr. Howard: — Don't you think it is possible that in another generation, when caretakers have been developed more as Dr. Larrabee was speaking of, — a number of them being the children of the caretakers who were first taking patients there in Tewksbury, — the number of caretakers will grow?

Dr. Houston: — I think it will, because quite a number of our caretakers now have been accustomed to the insane. In three families the people were at one time employees of the hospital ten or fifteen years ago.

Dr. Howard: — I would like to ask you if you think it would simplify the thing any if there was a separate appropriation obtained by the central board for the expenses, which would reimburse the institutions for their boarding out?

Dr. Houston: — The present arrangement has been satisfactory to us so far. In making up our estimates for our maintenance appropriation last year, Dr. Whitney's salary was included, so that I did not deduct anything from the amount appropriated, and this year I shall include the probable expenses of boarding these patients out.

Like everything else, the only way to do a thing is to do it, and if you start in you will find that by going along you will see what obstacles there are and be able to overcome them.

Dr. Howard: — I thank you very much. I really set you up as our prize scholar, in spite of anything you have said.

Dr. Houston: — I am sorry to have disappointed you. I have somewhat disappointed myself, but the objections I have mentioned are almost inseparable from the nature of the work.

Dr. Howard: — In the discussion of this subject we would welcome any suggestion that would give us ideas as to what really blocks it, and why other institutions have not taken the matter up. Knowing that the chairman of the Board of Trustees of the Taunton Hospital has been favorable to this from the very first, I certainly expected that Taunton would get out a lot of patients when this law became operative.

Dr. Henry R. Stedman: — The principal reason why my interest has not taken more practical effect is the fact that there was no one person in the hospital, no one officer, whom we could take off for that work because their duties were already so arduous. I believe that until it can be thought right and proper to engage a special person to devote herself to that work, you cannot make a great deal of headway in placing out patients from the hospital. We now have a social worker there, and in the course of time I feel sure that the boarding-out system will be developed much more extensively in that neighborhood. As it is, I think that there is now a larger proportion of boarded-out patients around the Taunton Hospital than any other State institution.

I would like to say that the figures which Dr. Houston criticized as to the number of patients who might be boarded out were ob-

tained from Dr. Fish, who, as you know, has had a very large experience and a great insight into the possibilities of that department. He said that he hadn't a doubt that in time it would be possible to have 200 or 300 patients in families around each institution.

Dr. John A. Houston:— I would like to add a word. I am not sure but what the number in time that would be boarded out around each institution would be much larger than I said for this reason: I was thinking more directly of the number that might be boarded out in each year, but the patients who are boarded out accumulate around the institution, and probably in a period of ten or twelve years Dr. Stedman's figures might be approximately true.

Dr. Arthur V. Goss, superintendent of Taunton State Hospital:— I would like to add just a word. I think, perhaps, I can explain why we have not boarded out more patients from Taunton. It is simply because we have not tried to board them out as yet, and the reason is that we have very strongly recommended all patients that we thought suitable to board out to an officer of the State Board. The officer of the State Board has placed out quite a good proportion of patients from Taunton.

Then, again, we have been trying to develop our colony system, and expect to increase our colony for men and also to establish one for women within the next few months. At the same time, while we apparently have not actually placed out any in family care, as Dr. Houston has, a number of patients that would have gone out naturally to families have been taken home or have been taken out by interested parties on trial, sometimes renewing the trial two or three times, so that they were actually in family care, although it does not appear in the statistics.

For myself, I am heartily in favor of family care, and have had some experience. Some of our employees and officers have from time to time taken patients into their families, although the patients have not appeared as patients under family care because they have been taken out on trial.

Dr. Charles E. Thompson:— If you had had a system, could you have boarded out many cases that have been rejected by our agent?

Dr. Goss:— We could have boarded out some men, but I

do not think we could have boarded out any women that have been rejected by the officer of the State Board. When the officer of the State Board has come down to see us, the request has been for women and not for men. I think if we had had a system we could have boarded out quite a number of men who have not been placed by the officer of the Board; but as for women, I doubt very much whether we would have placed out any more.

Rev. Payson W. Lyman, trustee of State Infirmary and State Farm:—May I ask Dr. Goss if there are women, who were formerly nurses in his institution, who are married and now resident around Taunton and vicinity, who might become caretakers, as is the case in Tewksbury?

Dr. Goss:—Not to the same extent, and not to any extent that would render us any appreciable benefit. The nurses, when they leave our institution, as a rule leave the city. For some reason or other they do not find the environment as pleasant there as at Tewksbury.

Mr. William F. Whittemore, member of State Board of Insanity:—I think it would be very helpful to us if we could hear a word from each one of the superintendents.

Mr. John McQuaid, trustee of Northampton State Hospital:—In addition to what Dr. Houston has said I desire to say that I have had a little experience with one of the patients of our hospital, who is an old inmate. He is an old soldier and has lived at several soldiers' homes, and was finally committed to the Northampton Hospital.

Dr. Houston has tried to get him to go out to board, but he does not care to. As I have known him for many years, I took the liberty to inquire of him his reason for not wishing to go, and he said he was satisfied with the care he was receiving and did not wish to leave the hospital. This is one of the obstacles we have to contend with, for patients do not wish to be removed unless they can feel assured it is to better their condition, and most of them are very skeptical on this point. To disturb them under these conditions might be unwise, and again, as Dr. Houston has said, it is difficult to find caretakers and patients that will assimilate.

One of the speakers has stated that in many cases that have come under his observation patients who have been taken to

board are treated as members of the family. This may be true in some instances, but they are rare, for there are but few families who are willing to extend this hospitality to a stranger, especially one who is mentally affected.

I feel that when patients are well enough to be allowed to go out to board they should be sent to their homes, for no place is more desirable for them and for those who are the most interested in their welfare. This is being encouraged by Dr. Houston and is working with good effect, as I have had opportunity to observe in several cases of patients who have been sent to their homes in my city.

Mr. Lyman:—I want to ask this question: can some one tell us if there are more women boarded out in families than there are men? Why is this? Are there not demands for men as well as for women among persons who would be glad to take a State patient in that way, or are there not so many men that are suitable?

Dr. Howard:—I think I can answer that to some extent. The number of insane women in the State is quite a little larger than the number of insane men, and the quarters of these insane women we have tried to relieve more than we have those of the men. The Board itself is more or less responsible for not having developed the boarders-out among the men. This is something that we are taking up now, and men are being placed out more than they were, but there is no particular reason, I believe, why men could not be placed out the same as women. I think the reason for that is largely the fault of the Board.

Is there anyone else to give us ideas of how they think this work could be forwarded?

Dr. Houston:—I should like to add another word. I think that each institution in forwarding this work would find it to its advantage to try one of its present staff of officers one day in the week, or one day in two weeks, or one day in a month, if the institution does not appoint one for that special purpose, for there is another thing in this connection that my assistant does which I did not mention. When she is out visiting she not only goes to the boarded-out patients, but she also visits persons who are likely to be prospective patients, goes in consultation, and visits those who are out on trial visit. When she knows that she is

going to a certain vicinity, for instance Pittsfield, next week, she will take down the names of quite a number of families of patients who live in Pittsfield, and if she has time will go and visit them. This, of itself, is a pretty good thing; it oftentimes brings comfort to these families because they hear direct and know how the patients are and see that we have taken interest enough in them to send one of our officers there. Not only that, but in some cases she has succeeded in persuading the families to take patients home on trial. The families themselves would not start a movement to this end. That is something like boarding out patients; at least, it is getting them away from the hospital into their own families.

Dr. Howard:—I would like to ask Dr. Fernald if he thinks there is any class of the feeble-minded that should be placed out? If he has considered this subject? Whether this law would not cover his institution so that the feeble-minded could be placed out to board?

Dr. Walter E. Fernald, superintendent of the Massachusetts School for the Feeble-minded:—I believe there is a class of feeble-minded who might be boarded out. I think the policy of lifelong custody has really only begun. Up to twenty years ago patients were discharged at the expiration of their period of training so far as possible. Now that the policy of lifelong supervision has been entered upon, we are accumulating a class of patients in the forties, or perhaps in the early fifties, who have been under institution supervision for twenty or twenty-five years, and I believe that some of these patients might be considered as suitable for boarding out. The sexual danger period is passed, largely, and their habits have crystalized, and I believe they might be suitable subjects for boarding out. Of course, the problem of what to do with that class is only beginning to arise because we have only had that class a short while.

For the younger female patients, I think there is some doubt as to whether it would be feasible to board very many of them out, on account of the peculiar dangers to which feeble-minded young women are exposed.

I have some doubts as to whether there is a very large class of feeble-minded young men who could be successfully boarded

out, but perhaps when it was once begun the frontier could be moved backwards to a younger age.

Dr. Howard:— This subject leads right up to the matter of field workers, on which we had one conference. It is perfectly apparent from the remarks that several of us have made this morning how these activities interlace.

There are a few minutes before the time for closing and I would like to ask Dr. Kline of Danvers to give us just a little sketch of how he has tried to interest the community around Danvers in his institution.

Dr. George M. Kline, superintendent of Danvers State Hospital:— One of the ways has been suggested by Dr. Stedman. This is in regard to our field worker (whose gratuitous services ended recently and who has been put on our pay roll). Instead of having her work directed from the Eugenics Office, it is now being directed from the hospital, and whereas formerly she devoted all of her time to the study of a few selected cases, she now investigates each admission, securing information and making out a eugenics chart covering only two or three generations. In addition, she observes the home conditions and environment, and on her return to the hospital dictates a note which is incorporated in the clinical records. This note is of much value to the superintendent and staff when the question of a patient's discharge from the hospital comes up for consideration. Then, too, when the patient leaves the hospital a card is made out showing in whose care the patient left and where the patient will be. This we follow up in rather a systematic manner, using an ordinary memory tickler. The card is advanced one month, and if for any reason the field worker has not called upon this patient, or the patient has not reported to the hospital as we have requested, a letter is written to the correspondent to ascertain what the condition of the patient has been since leaving the hospital.

The after-care worker takes along with her a set of cards, topographically arranged, showing the patients in any city that she may find herself in when investigating new admissions. As many calls as possible are made to the homes and places of employment of patients away from the hospital on visits.

A formal invitation is sent to the family physician and to the

examining physicians to be present at the staff meeting at which the patient in whom they may be interested is presented. In this way we feel that we have developed a better spirit toward the institution among both the laity and the general practitioners. We have created more interest, as is shown by the attitude of the people whom the field worker sees, and also secured the co-operation of the general physicians, as shown by their attendance at our morning staff meetings, which we hold religiously every morning.

FINANCIAL STATISTICS.

TABLE 1. — *Balance Sheet.*

[See also page 144.]

Inventory, Nov. 30, 1911,	\$14,852,007 96	Inventory, Nov. 30, 1912,	\$15,429,499 83
Unexpended balance of special appropriations, .	824,970 64	Unexpended balance of special appropriations, .	1,004,514 25
Accounts receivable,	56,254 19	Unexpended balance of maintenance appropriation reverting to State treasury,	6,900 87
Private funds,	67,712 59	Accounts receivable,	64,904 60
Total resources,	\$15,800,945 38	Private funds,	67,924 91
Net increase in value of property,	747,241 44	Total resources,	\$16,573,744 46
Maintenance appropriations granted, .	3,158,070 89	Net depreciation in value of property,	160,886 84
Special appropriations granted,	1,045,180 40	Expenditures from maintenance appropriations,	3,151,170 02
Receipts from all sources except State Treasurer,	408,434 69	Unexpended balances of special appropriations reverting to State treasury,	853,394 21
Aggregate,	\$21,159,872 80	Money remitted to State treasury from receipts,	12,242 58
		Aggregate,	408,434 69
			\$21,159,872 80

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1912.*

[See also page 144.]

INSTITUTIONS.	RESOURCES Nov. 30, 1911.				
	Inventory.	Unexpended Balance of Special Appropriations.	Accounts Receivable.	Private Funds.	Total Resources.
The insane: —					
State hospitals: —					
Worcester,	\$2,126,778 56	\$12,100 00	\$10,303 37	\$8,768 37	\$2,157,950 30
Taunton,	875,199 62	26,931 49	9,486 92	—	911,618 03
Northampton,	913,181 30	41,209 07	11,656 94	703 24	966,750 55
Danvers,	1,842,143 32	—	7,921 65	—	1,850,064 97
Westborough,	1,088,263 83	16,379 49	4,600 00	—	1,109,243 32
Boston, ¹	1,814,550 03	552,324 29	6,057 91	—	2,373,132 23
Totals,	\$8,660,116 66	\$649,144 34	\$50,026 79	\$9,471 61	\$9,368,759 40
State asylums: —					
Worcester,	\$1,202,350 92	\$99,669 95	—	—	\$1,302,020 87
Medfield,	1,751,792 73	4,388 19	—	—	1,756,180 92
Gardner Colony,	619,752 86	18,769 01	—	—	638,521 87
Totals,	\$3,573,896 51	\$122,827 15	—	—	\$3,696,723 66
Totals, hospitals and asylums,	\$12,234,013 17	\$771,971 49	\$50,026 79	\$9,471 61	\$13,065,483 06
Miscellaneous: —					
Monson Hospital,	\$833,674 32	\$15,710 13	\$433 09	\$368 73	\$850,186 27
Foxborough Hospital,	421,460 17	581 87	3,424 16	—	425,466 20
School for the Feeble-minded at Waltham,	995,736 04	15,000 00	2,370 15	57,872 25	1,070,978 44
Wrentham School,	367,124 26	21,707 15	—	—	388,831 41
Totals,	\$2,617,994 79	\$52,999 15	\$6,227 40	\$58,240 98	\$2,735,462 32
Totals, hospitals, asylums and miscellaneous,	\$14,852,007 96	\$824,970 64	\$56,254 19	\$67,712 59	\$15,800,945 38

¹ Includes psychopathic department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1912* — Continued.

INSTITUTIONS.	Net Increase in Valuation.	APPROPRIATIONS.		Receipts from All Sources except State Treasurer.	Aggregate.
		Maintenance.	Special.		
The insane:—					
State hospitals:—					
Worcester,	—	\$308,000 00	\$111,801 77	\$73,508 54	\$2,651,260 61
Taunton,	\$113,060 94	255,000 00	62,000 00	39,322 91	1,331,001 88
Northampton,	105,542 54	183,500 00	—	51,953 19	1,307,746 28
Danvers,	5,719 31	359,500 00	10,200 00	64,011 15	2,289,495 43
Westborough,	—	310,750 00	—	82,774 19	1,502,767 51
Boston, ¹	383,620 79	306,000 00	191,000 00	29,299 68	3,283,052 70
Totals,	\$607,943 58	\$1,722,750 00	\$375,001 77	\$340,869 66	\$12,415,324 41
State asylums:—					
Worcester,	\$45,252 66	\$269,500 00	\$440,000 00	\$9,144 88	\$2,065,918 41
Medfield,	—	551,100 00	17,227 00	13,943 04	2,138,450 96
Gardner Colony,	3,489 00	133,500 00	10,800 00	4,450 25	790,761 12
Totals,	\$48,741 66	\$754,100 00	\$468,027 00	\$27,538 17	\$4,995,130 49
Totals, hospitals and asylums,	\$656,685 24	\$2,476,850 00	\$843,028 77	\$368,407 83	\$17,410,454 90
Miscellaneous:—					
Monson Hospital,	—	\$215,400 00	\$12,000 00	\$14,497 76	\$1,092,084 03
Toxborough Hospital,	—	101,500 00	51 63	6,965 99	533,983 82
School for the Feeble-minded at Waltham,	\$27,933 39	282,820 89	35,000 00	17,927 54	1,434,660 26
Wrentham School,	62,622 81	81,500 00	155,100 00	635 57	688,689 79
Totals,	\$90,556 20	\$681,220 89	\$202,151 63	\$40,026 86	\$3,749,417 90
Totals, hospitals, asylums and miscellaneous,	\$747,241 44	\$3,158,070 89	\$1,045,180 40	\$408,434 69	\$21,159,872 80

¹ Includes psychopathic department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1912* — Continued.

RESOURCES Nov. 30, 1912.							
INSTITUTIONS.							
	Inventory.	Unexpended Balance of Special Appropriations.	Unexpended Balance of Maintenance Appropriations reverting to State Treasury.	Accounts Receivable.	Private Funds.	Total Resources.	
The insane:—							
State hospitals:—							
Worcester, .	\$2,120,772 12	\$65,972 24	\$8,495 20 ¹	\$10,938 28	\$8,996 18	\$2,198,183 62	
Taunton, .	988,169 59	62,105 88	112 13	9,577 89	—	1,059,965 49	
Northampton, .	1,018,383 00	12,086 26	860 88	11,971 18	729 84	1,044,031 16	
Danvers, .	1,847,897 16	6,087 80	14,751 19	7,887 12	—	1,876,593 27	
Westborough, .	1,025,190 53	6,262 80	15 55	5,662 83	—	1,037,131 71	
Boston, ² .	2,195,065 22	208,312 03	67 48	9,163 51	—	2,412,608 24	
Totals, .	\$9,195,477 62	\$360,797 01	\$7,312 03	\$55,200 81	\$9,726 02	\$9,628,513 49	
State asylums:—							
Worcester, .	\$1,246,609 03	\$452,399 21	\$8 19	\$994 55	—	\$1,700,010 98	
Medfield, .	1,742,289 30	13,786 83	34 09	1,276 90	—	1,757,387 12	
Gardner Colony, .	623,241 86	10,214 33	20 52	—	—	633,476 71	
Totals, .	\$3,612,140 19	\$476,400 37	\$62 80	\$2,271 45	—	\$4,090,874 81	
Totals, hospitals and asylums, .	\$12,807,617 81	\$837,197 38	\$7,374 83	\$57,472 26	\$9,726 02	\$13,719,388 30	
Miscellaneous:—							
Monson Hospital, .	\$23,625 80	\$10,649 97	\$4,965 74 ¹	\$468 56	—	\$89,778 59	
Foxborough Hospital, .	349,280 88	—	—	479 11	—	349,759 99	
School for the Feeble-minded at Waltham, .	1,019,398 62	32,215 19	144 41	6,314 32	\$58,198 89	1,116,271 43	
Wrentham School, .	420,576 72	124,451 71	4,347 37	170 35	—	558,546 15	
Totals, .	\$2,621,882 02	\$167,316 87	\$473 96 ¹	\$7,432 34	\$58,198 89	\$2,854,356 16	
Totals, hospitals, asylums and miscellaneous, .	\$15,429,499 83	\$1,004,514 25	\$6,900 87	\$64,904 60	\$67,924 91	\$16,573,744 46	

¹ Deficiency.² Includes psychopathic department.

TABLE 2. — *Financial Summary for the Year ending Nov. 30, 1912* — Concluded.

INSTITUTIONS.	Net Decrease in Resources during the Year.	EXPENDITURES.		Unexpended Balances of Special Appropriations reverting to State Treasury.	Money remitted to State Treasury from Receipts.	Aggregate.
		Maintenance Appropriations.	Special Appropriations.			
The insane:—						
State hospitals:—						
Worcester,	\$5,143 72	\$316,495 20	\$45,829 53	\$12,100 00	\$73,508 54	\$2,651,260 61
Taunton,	—	254,887 87	26,825 61	—	39,322 91	1,351,001 88
Northampton,	—	182,639 12	29,122 81	—	51,953 19	1,307,746 28
Danvers,	—	344,748 81	4,142 20	—	64,011 15	2,289,495 43
Westborough,	62,010 47	310,734 45	10,116 69	—	82,774 19	1,502,767 51
Boston, ¹	—	305,932 52	535,210 16	2 10	29,299 68	3,283,052 70
Totals,	\$67,154 19	\$1,715,437 97	\$651,247 00	\$12,102 10	\$340,869 66	\$12,415,324 41
State asylums:—						
Worcester,	—	\$269,491 81	\$87,267 57	\$3 17	\$9,144 88	\$2,065,918 41
Medfield,	\$8,226 53	351,065 91	7,828 36	—	13,943 04	2,138,450 96
Gardner Colony,	—	133,479 48	19,277 73	76 95	4,450 25	790,761 12
Totals,	\$8,226 53	\$754,037 20	\$114,373 66	\$80 12	\$27,538 17	\$4,995,130 49
Totals, hospitals and asylums,	\$75,380 72	\$2,469,475 17	\$765,620 66	\$12,182 22	\$368,407 83	\$17,410,454 90
Miscellaneous:—						
Monson Hospital,	\$10,381 78	\$220,365 74	\$17,060 16	—	\$14,497 76	\$1,092,084 03
Foxborough Hospital,	75,124 34	101,500 00	633 50	—	6,965 99	533,983 82
School for the Feeble-minded at Waltham,	—	282,676 48	17,784 81	—	17,927 84	1,434,660 26
Wrentham School,	—	77,152 63	52,295 08	\$60 36	635 57	688,689 79
Totals,	\$85,506 12	\$681,694 85	\$87,773 55	\$60 36	\$40,026 86	\$3,749,417 90
Totals, hospitals, asylums and miscellaneous,	\$160,886 84	\$3,151,170 02	\$853,394 21	\$12,242 58	\$408,434 69	\$21,159,872 80

¹ Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912.*

[See also page 144.]

INSTITUTIONS.	REAL ESTATE.							
	LAND.							
	GROUNDS AND BUILD- ING SITES.		WOODLAND.		MOWING.		TILLAGE.	
	Acres.	Value.	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane: —								
State hospitals: —								
Worcester,	137	\$247,440 00	182	\$13,560 00	—	—	195	\$163,500 00
Taunton,	20	5,000 00	50	10,000 00	145	\$21,750 00	55	8,250 00
Norhampton,	23	4,861 20	93	19,655 55	110	23,248 50	100	21,135 00
Danvers,	26	30,000 00	40	1,600 00	176	26,000 00	79	11,250 00
Westborough,	68	13,600 00	152	8,050 00	36	540 00	247	23,450 00
Boston, ¹	12	109,519 00	5	2,200 00	115	211,700 00	62	107,000 00
Totals,	286	\$410,420 20	522	\$55,065 55	582	\$283,238 50	738	\$334,583 00
State asylums: —								
Worcester,	11	\$193,800 00	358	\$8,950 00	201	\$8,041 60	130	\$5,200 00
Medfield,	75	40,000 00	233	2,876 39	54	1,312 20	63	1,530 80
Gardner Colony,	28	1,400 00	608	12,150 20	52	1,820 00	128	8,488 75
Totals,	114	\$235,200 00	1,199	\$23,976 59	307	\$11,173 80	321	\$15,219 55
Totals, hospitals and asylums,	400	\$645,620 20	1,721	\$79,042 14	889	\$294,412 30	1,059	\$339,804 55
Miscellaneous: —								
Monson Hospital,	50	\$4,875 00	288	\$5,788 00	90	\$8,655 00	68	\$6,775 00
Foxborough Hospital,	21	6,220 00	20	4,100 00	3	700 00	38	7,750 00
School for the Feeble-minded at Waltham,	54	16,953 00	1,430	28,143 00	306	25,806 00	—	—
Wrentham School,	25	5,000 00	220	13,200 00	35	3,500 00	50	3,000 00
Totals,	150	\$33,048 00	1,958	\$51,231 00	434	\$38,661 00	156	\$17,525 00
Totals, hospitals, asylums and miscellaneous,	550	\$678,668 20	3,679	\$130,273 14	1,323	\$333,073 30	1,215	\$367,329 55
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—	—	—
Totals,	—	—	—	—	—	—	—	—
Aggregates,	550	\$678,668 20	3,679	\$130,273 14	1,323	\$333,073 30	1,215	\$367,329 55

¹ Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	REAL ESTATE — CON.					
	LAND — CON.			TOTAL.		
	PASTURE.			MISCELLANEOUS.		
	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane: —						
State hospitals: —						
Worcester,	64	\$2,580 00	—	—	578	\$427,080 00
Taunton,	63	7,875 00	—	—	333	52,875 00
Northampton,	185	39,099 75	—	—	511	108,000 00
Danvers,	138	4,750 00	—	—	509	73,600 00
Westborough,	178	5,340 00	27	\$470 00	708	51,450 00
Boston, ¹	17	5,320 00	23	6,390 00	234	412,329 00
Totals,	695	\$64,964 75	50	\$7,060 00	2,873	\$1,155,334 00
State asylums: —						
Worcester,	204	\$4,498 34	—	—	904	\$220,489 94
Medfield,	16	400 00	—	—	441	46,119 39
Gardner Colony,	592	5,922 50	200	\$1,000 00	1,608	30,781 45
Totals,	812	\$10,820 84	200	\$1,000 00	2,953	\$297,300 78
Totals, hospitals and asylums,	1,507	\$75,785 59	250	\$8,060 00	5,826	\$1,452,724 78
Miscellaneous: —						
Nonson Hospital,	181	\$5,659 00	10	\$450 00	687	\$32,202 00
Foxborough Hospital,	21	3,260 00	—	—	103	22,030 00
School for the Feeble-minded at Waltham,	184	2,510 00	—	—	1,974	73,412 00
Wrentham School,	165	8,250 00	—	—	495	32,950 00
Totals,	551	\$19,679 00	10	\$450 00	3,259	\$160,594 00
Totals, hospitals, asylums and miscellaneous,	2,058	\$95,464 59	260	\$8,510 00	9,085	\$1,613,318 78
Mental wards, State Infirmary,	—	—	—	\$19,507 43	—	\$19,507 43
Bridgewater Hospital,	—	—	—	21,571 72	—	21,571 72
Totals,	—	—	—	\$41,079 15	—	\$41,079 15
Aggregates,	2,058	\$95,464 59	260	\$49,589 15	9,085	\$1,654,397 93

¹ Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	REAL ESTATE — CON.				
	BUILDINGS.				
	Patients.	Nurses.	Farm, Stable and Grounds.	Miscellaneous.	Total.
The insane: —					
State hospitals: —					
Worcester,	\$1,118,271 40	\$84,548 00	\$68,147 28	\$1,700 00	\$1,272,666 68
Taunton,	369,120 00	68,040 00	54,490 00	75,040 00	571,690 00
Northampton,	462,464 00	—	31,925 00	556,254 00	1,050,643 00
Danvers,	1,420,450 00	12,550 00	35,950 00	65,000 00	1,533,950 00
Westborough,	504,225 00	45,050 00	19,085 00	47,316 00	615,676 00
Boston, ¹	1,121,897 16	24,752 54	12,645 00	85,233 65	1,244,528 35
Totals,	\$4,996,427 56	\$235,940 54	\$222,242 28	\$340,154 65	\$5,794,765 03
State asylums: —					
Worcester,	\$616,943 00	\$15,975 00	\$15,350 00	\$76,380 00	\$724,648 00
Medfield,	653,649 93	113,305 01	65,487 00	532,424 98	1,364,866 92
Gardner Colony,	222,328 11	13,265 93	34,926 44	57,768 27	328,288 75
Totals,	\$1,492,921 04	\$142,545 94	\$115,763 44	\$666,573 25	\$2,417,803 67
Totals, hospitals and asylums,	\$6,489,348 60	\$378,486 48	\$338,005 72	\$1,006,727 90	\$8,212,568 70
Miscellaneous: —					
Monson Hospital,	\$313,952 16	\$16,417 84	\$29,087 91	\$85,739 36	\$445,197 27
Roxborough Hospital,	116,745 34	20,250 00	7,063 96	33,903 43	177,962 73
School for the Feeble-minded at Waltham,	392,166 21	62,250 00	21,941 84	103,589 85	581,947 90
Wrentham School,	106,846 27	18,859 63	17,360 71	43,914 00	186,980 61
Totals,	\$929,709 98	\$117,777 47	\$75,454 42	\$269,146 64	\$1,392,088 51
Totals, hospitals, asylums and miscellaneous,	\$7,419,058 58	\$496,263 95	\$413,460 14	\$1,275,874 54	\$9,604,657 21
Mental wards, State Infirmary,	—	—	—	\$387,845 80	\$387,845 80
Bridgewater Hospital,	—	—	—	335,458 35	335,458 35
Totals,	\$7,419,058 58	\$496,263 95	\$413,460 14	\$723,304 15	\$723,304 15
Aggregates,				\$1,099,178 69	\$10,327,961 36

¹ Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	REAL ESTATE — CON.					Aggregate.
	BETTERMENTS.					
	Water System and Ap- purtenances.	Drainage System and Ap- purtenances.	Heating, Lighting System and Appurtenances.	Miscellaneous.	Total.	
The insane: —						
State hospitals: —						
Worcester,	\$99,862 86 ¹	—	\$126,423 32	\$28,589 31	\$254,875 49	\$1,954,622 17
Taunton,	84,646 78	\$16,748 83	112,880 31	3,439 00	217,714 92	842,279 92
Norhampton,	26,440 00	21,350 00	37,475 00	163,830 00	249,095 00	913,349 00
Danvers,	20,047 49 ¹	—	71,661 82	—	91,709 31	1,699,259 31
Westborough,	98,125 00	28,989 00	69,643 00	4,480 00	201,237 00	868,363 00
Boston, ²	—	—	—	366,371 84	366,371 84	2,053,229 19
Totals,	\$329,122 13	\$67,087 83	\$418,083 45	\$566,710 15	\$1,331,003 56	\$8,331,102 59
State asylums: —						
Worcester,	\$26,300 00	\$14,100 00	\$17,015 00	\$116,410 00	\$173,825 00	\$1,118,962 94
Medfield,	—	—	—	190,634 32	190,634 32	1,601,620 63
Gardner Colony,	36,716 76	20,539 54	30,089 29	86,214 53	173,560 12	532,630 32
Totals,	\$63,016 76	\$34,639 54	\$47,104 29	\$393,258 85	\$538,019 44	\$3,253,213 89
Totals, hospitals and asylums,	\$392,138 89	\$101,727 37	\$465,187 74	\$959,969 00	\$1,919,023 00	\$11,584,316 48
Miscellaneous: —						
Monson Hospital,	\$25,500 00	\$26,303 27	\$33,553 02	\$146,115 74	\$231,472 03	\$708,871 30
Foxborough Hospital,	5,110 26 ³	7,188 20	9,057 91 ³	74,814 32 ⁴	96,170 69	296,163 42
School for the Feeble-minded at Waltham,	—	—	—	207,835 29	207,835 29	863,195 19
Wrentham School,	20,828 52	13,644 20	26,713 19	94,365 57	153,551 48	375,482 09
Totals,	\$51,438 78	\$47,135 67	\$69,324 12	\$523,130 92	\$691,029 49	\$2,243,712 00
Totals, hospitals, asylums and miscellaneous,	\$443,577 67	\$148,863 04	\$534,511 86	\$1,483,099 92	\$2,610,052 49	\$13,828,028 48
Mental wards, State Infirmary,	—	—	—	\$43,854 81	\$43,854 81	\$451,208 04
Bridgewater Hospital,	—	—	—	29,433 42	29,433 42	386,463 49
Totals,	\$443,577 67	\$148,863 04	\$534,511 86	\$73,288 23	\$73,288 23	\$837,671 53
Aggregates,	—	—	—	\$1,556,388 15	\$2,683,340 72	\$14,665,700 01

¹ Includes drainage system.² Includes psychopathic department.³ Outside of buildings.⁴ All piping and wiring inside buildings.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY.					
	PROVISIONS AND GROCERIES.		CLOTHING AND CLOTHING MATERIAL.		FURNISHINGS.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals: —						
Worcester,	\$10,344 22	\$5,684 90	\$11,368 31	\$5,792 56 ¹	\$77,675 77	\$33,948 47 ¹
Taunton,	8,572 29	4,464 21	7,076 09	3,413 94 ¹	81,454 22	35,444 43
Northampton,	8,124 45	2,244 13 ¹	5,863 32	1,905 67	40,455 20	2,164 56
Danvers,	6,852 05	440 73 ¹	10,085 65	1,808 54 ¹	70,748 33	23,518 33
Westborough,	10,493 13	153 97	7,164 99	2,742 10 ¹	79,520 67	16,660 48
Boston, ²	2,979 45	852 21 ¹	8,846 56	30 42	92,903 51	42,014 22
Totals,	\$47,365 59	\$6,766 01	\$50,404 92	\$11,881 05 ¹	\$442,757 70	\$85,853 55
State asylums: —						
Worcester,	\$3,799 59	\$537 15	\$8,766 49	\$8,801 58 ¹	\$59,254 58	\$3,562 97
Medfield,	4,969 42	3,991 03 ¹	12,035 08	6,511 42 ¹	62,312 44	10,631 41
Gardner Colony,	9,784 31	7,433 05	7,153 45	7,793 43 ¹	27,828 18	8,553 01 ¹
Totals,	\$18,553 32	\$3,979 17	\$27,955 02	\$23,106 43 ¹	\$149,395 20	\$5,641 37
Totals, hospitals and asylums,	\$65,918 91	\$10,745 18	\$78,359 94	\$34,957 48 ¹	\$592,152 90	\$91,494 92
Miscellaneous: —						
Monson Hospital,	\$2,761 87	\$959 71	\$5,912 94	\$504 90	\$64,830 14	\$5,718 24 ¹
Foxborough Hospital,	2,402 81	257 97	2,251 23	93 44 ¹	23,339 99	1,446 86
School for the Feeble-minded at Waltham,	2,266 93	1,585 21 ¹	18,408 57	3,016 75 ¹	75,438 95	13,593 23
Wrentham School,	4,681 65	3,550 55	7,861 43	3,003 19	19,967 88	496 58
Totals,	\$12,113 26	\$3,183 02	\$34,434 17	\$397 90	\$183,576 96	\$9,818 43
Totals, hospitals, asylums and miscellaneous,	\$78,032 17	\$13,928 20	\$112,794 11	\$34,589 58 ¹	\$775,729 86	\$101,313 35
Mental wards, State Infirmary,	\$2,131 61	\$100 30 ¹	\$4,368 97	\$1,562 70 ¹	\$35,738 53	\$4,132 91 ¹
Bridgewater State Hospital,	10,810 44	518 74 ¹	14,925 03	34 16	38,681 34	9,899 49
Totals,	\$12,942 05	\$619 04 ¹	\$19,294 00	\$1,528 54 ¹	\$74,419 87	\$5,766 58
Aggregates,	\$90,974 22	\$13,309 16	\$132,088 11	\$36,118 12 ¹	\$850,149 73	\$107,079 93

¹ Decrease.² Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — CON.					
	HEAT, LIGHT AND POWER.		REPAIRS AND IMPROVEMENTS.		FARM, STABLE AND GROUNDS.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals: —						
Worcester,	\$3,418 41	\$2,372 29 ¹	\$5,736 27	\$2,147 65 ¹	\$42,773 42	\$9,296 43 ¹
Taunton,	6,335 35	715 83	4,553 38	653 94	29,020 65	2,190 75
Northampton,	—	6,578 68 ¹	4,469 72	4,469 72	43,558 92	9,947 98
Danvers,	2,475 00	362 01 ¹	22,725 79	2,008 95 ¹	24,814 74	11,521 17 ¹
Westborough,	4,031 90	2,207 94	11,449 32	5,263 32	39,402 99	562 19
Boston, ²	424 01	1,143 17 ¹	2,377 49	452 83 ¹	21,122 72	930 03 ¹
Totals,	\$16,684 67	\$7,532 38 ¹	\$51,511 97	\$5,777 55	\$200,753 44	\$9,046 71 ¹
State asylums: —						
Worcester,	\$11,683 20	\$3,118 80	\$11,837 11	\$78 77	\$26,801 86	\$5,460 91 ¹
Medfield,	6,194 16	5,662 42 ¹	3,079 09	33,607 96 ¹	47,440 53	5,187 75
Gardner Colony,	380 71	6,558 60 ¹	8,848 39	1,724 54 ¹	30,296 50	909 65 ¹
Totals,	\$18,258 07	\$9,102 22 ¹	\$23,764 59	\$35,253 73 ¹	\$104,538 89	\$1,183 11 ¹
Totals, hospitals and asylums,	\$34,942 74	\$16,634 60 ¹	\$75,276 56	\$29,476 18 ¹	\$305,292 33	\$10,229 82 ¹
Miscellaneous: —						
Monson Hospital,	\$923 55	\$238 70	\$2,176 20	\$8,414 42 ¹	\$28,720 56	\$1,456 14 ¹
Foxborough Hospital,	1,982 59	1,013 08 ¹	6,819 87	247 99 ¹	12,746 50	2,659 87 ¹
School for the Feeble-minded at Waltham,	10,697 13	179 76 ¹	1,641 48	2,834 09 ¹	41,331 47	2,931 31
Wrentham School,	4,103 28	372 32	1,865 67	511 81	10,555 82	1,215 13
Totals,	\$17,706 55	\$581 82 ¹	\$12,503 22	\$10,984 69 ¹	\$93,354 35	\$30 43
Totals, hospitals, asylums and miscellaneous,	\$52,649 29	\$17,216 42 ¹	\$87,779 78	\$40,460 87 ¹	\$398,646 68	\$10,199 39 ¹
Mental wards, State Infirmary,	\$4,244 85	\$1,537 38	\$13,503 33	\$8,751 36 ¹	\$13,864 32	\$84 10 ¹
Bridgewater State Hospital,	5,138 86	1,003 37	12,683 54	6,218 38	24,629 53	1,682 67
Totals,	\$9,383 71	\$2,540 75	\$26,186 87	\$2,532 98 ¹	\$38,493 85	\$1,598 57
Aggregates,	\$62,033 00	\$14,675 67 ¹	\$113,966 65	\$42,993 85 ¹	\$437,140 53	\$8,600 82 ¹

¹ Decrease.² Includes psychopathic department.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	REAL AND PERSONAL PROPERTY.					
	MISCELLANEOUS.		TOTAL VALUATION OF PERSONAL PROPERTY.		TOTAL VALUATION OF REAL PROPERTY.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals: —						
Worcester,	\$14,833 55	\$3,061 70 ¹	\$166,149 95	\$51,834 20 ¹	\$1,954,622 17	\$45,827 76
Taunton,	8,877 69	2,413 31	145,889 67	42,468 53	842,279 92	70,501 44
Northampton,	2,562 39	1,366 05 ¹	105,034 00	8,299 07	913,349 00	96,902 63
Danvers,	10,936 29	4,638 42	148,637 85	11,995 35	1,699,259 31	6,201 51 ¹
Westborough,	4,704 53	983 90	156,827 53	23,089 70	868,363 00	86,163 00 ¹
Boston, ²	12,982 29	9,553 18	141,836 03	48,219 58	2,053,229 19	332,295 61
Totals,	\$54,896 74	\$12,261 06	\$864,375 03	\$82,108 03	\$8,331,102 59	\$453,162 93
State asylums: —						
Worcester,	\$5,503 26	\$2,171 91	\$127,546 09	\$4,792 89 ¹	\$1,118,962 94	\$49,051 00
Medfield,	4,637 95	267 95	140,668 67	33,685 72 ¹	1,601,620 63	24,182 29
Gardner Colony,	6,320 00	2,612 73	90,611 54	15,493 75 ¹	532,630 32	18,982 75
Totals,	\$16,461 21	\$5,052 59	\$358,926 30	\$53,972 36 ¹	\$3,253,213 89	\$92,216 04
Totals, hospitals and asylums,	\$71,357 95	\$17,313 65	\$1,223,301 33	\$88,225 67	\$11,584,316 48	\$545,378 97
Miscellaneous: —						
Monson Hospital,	\$9,429 24	\$664 49 ¹	\$114,754 50	\$14,549 98 ¹	\$708,871 30	\$4,501 46
Foxborough Hospital,	3,574 47	486 07	53,117 46	1,843 48 ¹	296,163 42	70,335 81 ¹
School for the Feeble-minded at Waltham,	6,418 90	2,805 34 ¹	156,203 43	6,103 40	863,195 19	17,559 18
Wrentham School,	5,068 90	2,757 43	54,094 63	11,907 01	375,482 09	50,545 45
Totals,	\$24,481 51	\$246 32 ¹	\$378,170 02	\$1,616 95	\$2,243,712 00	\$2,270 28
Totals, hospitals, asylums and miscellaneous,	\$95,839 46	\$17,067 33	\$1,601,471 35	\$29,842 62	\$13,828,028 48	\$547,649 25
Mental wards, State Infirmary,	\$6,609 07	\$11,021 26 ¹	\$80,460 68	\$24,115 25 ¹	\$451,208 04	\$37,727 12
Bridgewater Hospital,	3,394 53	304 11	110,263 27	18,623 44	386,463 49	34,107 31
Totals,	\$10,003 60	\$10,717 15 ¹	\$190,723 95	\$25,401 81 ¹	\$837,671 53	\$71,834 43
Aggregates,	\$105,843 06	\$6,350 18	\$1,792,195 30	\$24,350 81	\$14,665,700 01	\$619,483 68

² Includes psychopathic department.

• Decrease.

TABLE 3. — *Inventory of State Institutions, Nov. 30, 1912* — Continued.

INSTITUTIONS.	REAL AND PERSONAL PROPERTY — Con.					
	TOTAL REAL AND PERSONAL.		PRIVATE FUNDS.		TOTAL INVENTORY.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —						
State hospitals: —						
Worcester,	\$2,120,772 12	\$8,006 44 ¹	\$8,996 18	\$227 81	\$2,129,768 30	\$5,778 63 ¹
Taunton,	988,169 59	112,969 97	—	—	988,169 59	112,969 97
Norhampton,	1,018,383 00	105,201 70	729 84	26 60	1,019,112 84	105,228 30
Danvers,	1,817,897 16	5,753 84	—	—	1,847,897 16	5,753 84
Westborough,	1,025,190 53	63,073 30 ¹	—	—	1,025,190 53	63,073 30 ¹
Boston, ²	2,195,065 22	380,515 19	—	—	2,195,065 22	380,515 19
Totals,	\$9,195,477 62	\$535,360 96	\$9,726 02	\$254 41	\$9,205,203 64	\$535,615 37
State asylums: —						
Worcester,	\$1,246,609 03	\$44,258 11	—	—	\$1,246,609 03	\$44,258 11
Medfield,	1,742,289 30	9,503 43 ¹	—	—	1,742,289 30	9,503 43 ¹
Gardner Colony,	623,241 86	3,489 00	—	—	623,241 86	3,489 00
Totals, hospitals and asylums,	\$3,612,140 19	\$38,243 68	\$9,726 02	\$254 41	\$3,612,140 19	\$38,243 68
Miscellaneous: —	\$12,807,617 81	\$573,604 64	—	—	\$12,817,343 83	\$573,859 05
Monson Hospital,	\$823,625 80	\$10,048 52 ¹	—	\$368 73 ¹	\$823,625 80	\$10,417 25 ¹
Foxborough Hospital,	349,280 88	73,179 29 ¹	—	—	349,280 88	72,179 29 ¹
School for the Feeble-minded at Waltham,	1,019,398 62	23,662 58	\$58,198 89	326 64	1,077,597 51	23,989 22
Wrentham School,	429,576 72	62,452 46	—	—	429,576 72	62,452 46
Totals, hospitals, asylums and miscellaneous,	\$2,621,882 02	\$3,887 23	\$58,198 89	\$42 09 ¹	\$2,680,080 91	\$3,845 14
Mental wards, State Infirmary,	\$15,429,499 83	\$577,491 87	\$67,924 91	\$212 32	\$15,497,424 74	\$577,704 19
Bridgewater Hospital,	\$531,668 72	\$13,611 87	—	—	\$531,668 72	\$13,611 87
Totals,	496,736 76	52,730 75	—	—	496,736 76	52,730 75
Aggregates,	\$1,028,395 48	\$66,342 62	\$67,924 91	\$212 32	\$1,028,395 48	\$66,342 62
Totals,	\$16,457,895 31	\$643,834 49	—	—	\$16,525,820 22	\$644,046 81

* Includes psychopathic department.

¹ Decrease.

TABLE 4. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1912 (available for Maintenance the Following Year under Section 2, Chapter 175, Acts of 1905).

INSTITUTIONS.	RECEIPTS FOR SUPPORT.				RECEIPTS ON ACCOUNT OF SALES OR REFUNDS.			
	Town.	Reimburse- ing.	Private.	Total Support.	Salaries, Wages and Labor.	Food.	Clothing and Clothing Material.	Furnishing.
The insane: —								
State hospitals: —								
Worcester,	\$41 32	\$21,065 25	\$43,352 76	\$64,459 33	—	\$1,102 71	\$335 37	\$4 00
Taunton,	27 86	14,340 55	23,181 93	37,550 34	—	28 26	557 46	9 50
Northampton,	—	14,688 82	35,787 98	50,476 80	—	111 91	254 54	—
Danvers,	5 57	25,194 79	35,068 53	60,268 89	—	292 39	404 19	124 82
Westborough,	—	14,586 92	65,657 68	80,244 60	—	457 58	523 30	13 30
Boston, ¹	—	9,346 98	19,157 43	28,504 41	\$7 00	36 02	56 07	20 25
Totals,	\$74 75	\$99,223 31	\$222,206 31	\$321,504 37	\$7 00	\$2,088 87	\$2,130 93	\$171 87
State asylums: —								
Worcester,	—	\$6,859 49	—	\$6,859 49	—	\$252 57	\$354 12	—
Medfield,	—	12,135 91 ²	—	12,135 91 ²	—	354 99	152 16	\$29 20
Gardner Colony,	—	1,059 93	—	1,059 93	—	100 03	346 20	—
Totals,	\$74 75	\$20,055 33	—	\$20,055 33	—	\$707 59	\$852 48	\$29 20
Totals, hospitals and asylums,		\$119,278 64	\$222,206 31	\$341,559 70	\$7 00	\$2,796 46	\$2,983 41	\$201 07
Miscellaneous: —								
Monson Hospital,	—	\$3,464 67	\$8,729 16	\$12,193 83	—	\$440 84	\$83 27	\$0 10
Foxborough Hospital,	\$314 35	2,756 94	2,012 34	5,583 63	—	50 23	79 39	—
School for the Feeble-minded at Waltham,	357 03	763 20	14,787 27	15,907 50	—	59 77	555 53	—
Wrentham School,	—	492 89	—	492 89	—	—	24 54	—
Totals,	\$1,171 38	\$7,477 70	\$25,528 77	\$34,177 85	—	\$550 84	\$742 73	\$0 10
Totals, hospitals, asylums and miscellaneous,	\$1,246 13	\$126,756 34	\$247,735 08	\$375,737 55	\$7 00	\$3,347 30	\$3,726 14	\$201 17
Mental wards, State Infirmary,	—	\$2,813 10	—	\$2,813 10	—	\$0 87 ³	\$09 46 ³	—
Bridgewater Hospital,	—	641 59	—	641 59	—	—	—	\$30 44 ³
Totals,	—	\$3,454 69	—	\$3,454 69	—	\$0 87 ³	\$69 46 ³	\$30 44 ³
Aggregates,	\$1,246 13	\$130,211 03	\$247,735 08	\$379,192 24	\$7 00	\$3,348 17	\$3,795 60	\$231 61

¹ Includes psychopathic department.² Includes \$15.20 for family care, and does not agree with support department figures.³ Pro rata.

TABLE 4. — *Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1912, etc.* — Concluded.

INSTITUTIONS.	RECEIPTS ON ACCOUNT OF SALES OR REFUNDS — Con.					Miscellaneous.	Total Receipts.
	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Sundries.	Total Sales or Refunds.		
The insane: —							
State hospitals: —							
Worcester,	\$6 25	\$101 59	\$1,109 17	\$294 58	\$3,013 67	\$6,035 54	\$73,508 54
Taunton,	14 00	50 51	185 48	303 63	1,148 84	623 73	39,322 91
Northampton,	—	—	763 71	187 09	1,317 25	159 14	51,953 19
Danvers,	67 60	1,288 98	884 72	267 60	3,330 30	411 96	64,011 15
Westborough,	—	56 46	536 15	360 36	1,947 15	582 44	82,774 19
Boston, ¹	—	19 72	373 29	13 90	526 25	269 02	29,299 68
Totals,	\$87 85	\$1,517 26	\$3,852 52	\$1,427 16	\$11,283 46	\$8,081 83	\$340,869 66
State asylums: —							
Worcester,	—	\$9 15	\$1,103 60	\$144 73	\$1,864 17	\$421 22	\$9,144 88
Medfield,	—	189 46	793 95	48 33	1,568 09	239 04	13,943 04
Gardner Colony,	\$75 86	153 18	1,555 63	331 42	2,562 32	828 00	4,450 25
Totals,	\$75 86	\$351 79	\$3,453 18	\$524 48	\$5,994 58	\$1,488 26	\$27,538 17
Totals, hospitals and asylums,	\$163 71	\$1,869 05	\$7,305 70	\$1,951 64	\$17,278 04	\$9,570 09	\$368,407 83
Miscellaneous: —							
Monson Hospital,	—	\$48 29	\$1,407 03	\$36 33	\$2,015 86	\$288 07	\$14,497 76
Foxborough Hospital,	\$17 10	39 20	945 96	51 40	1,183 28	199 08	6,965 99
School for the Feeble-minded at Waltham,	34 10	101 64	684 54	335 35	1,770 93	249 11	17,927 54
Wrentham School,	—	—	49 16	1 00	74 70	67 98	635 57
Totals,	\$51 20	\$189 13	\$3,086 69	\$424 08	\$5,044 77	\$804 24	\$40,026 86
Totals, hospitals, asylums and miscellaneous,	\$214 91	\$2,058 18	\$10,392 39	\$2,375 72	\$22,322 81	\$10,374 33	\$408,434 69
Mental wards, State Infirmary,	—	—	\$73 65 ²	\$166 45 ²	\$310 43 ²	\$118 91 ²	\$3,242 44 ²
Bridgewater Hospital,	\$17 12 ²	\$35 33 ²	1,788 56 ²	410 17 ²	2,281 67 ²	311 85 ²	3,235 11 ²
Totals,	\$17 12 ²	\$35 33 ²	\$1,862 21 ²	\$576 62 ²	\$2,592 10 ²	\$430 76 ²	\$6,477 55 ²
Aggregates,	\$232 08	\$2,093 51	\$12,254 60	\$2,952 34	\$24,914 91	\$10,805 09	\$411,912 24

¹ Includes psychopathic department.² Pro rata.

TABLE 5. — *Expenses for Maintenance and Net Weekly Per Capitas for the Fiscal Year ending Nov. 30, 1912.*

[See also page 146.]

INSTITUTIONS.	SALARIES, WAGES AND LABOR ON PAY ROLL.					FOOD.		
	Average Number of Patients.	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.			
					1912.	Three Years' Average, 1909-11.		
The insane: — State hospitals: — Worcester, Taunton, Northampton, Danvers, Westborough, Boston, exclusive of psychopathic department, Boston, including psychopathic department, Totals and averages,	1,350 1,052 892 1,445 1,207 1,051 1,081 7,027	\$129,352 51 108,454 06 69,030 86 143,692 23 133,921 51 118,988 09 138,417 85 \$722,869 02	— — — — \$7 00 7 00 \$7 00	\$129,352 51 108,454 06 69,030 86 143,692 23 133,921 51 118,981 09 138,410 85 \$722,862 02	\$1,8426 1,9826 1,4882 1,9123 2,1337 2,1771 2,4023 \$1,9782	\$1,0746 1,9333 1,4312 1,7037 2,1817 2,1278 — \$1,8257 ¹	\$89,545 44 55,322 35 55,194 94 72,225 66 73,101 02 64,806 72 71,027 61 \$416,417 02	\$1,162 71 28 26 111 91 292 39 457 58 36 02 30 02 \$2,088 87
State asylums: — Worcester, Medfield, Gardner Colony, Totals and averages, Totals and averages, hospitals and asylums,	1,174 1,704 672 3,550 10,577	\$111,816 15 139,367 94 53,987 84 \$305,171 93 \$1,028,040 95	— — — — \$7 00	\$111,816 15 139,367 94 53,987 84 \$305,171 93 \$1,028,033 95	\$1,8316 1,5729 1,5450 \$1,6532 \$1,8691	\$1,8089 1,5283 1,3575 \$1,5897 \$1,7446 ¹	\$69,745 45 96,788 22 25,247 97 \$191,781 64 \$608,198 66	\$252 57 354 99 100 03 \$707 59 \$2,796 46
Miscellaneous: — Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School, Totals and averages, Totals and averages, hospitals, asylums and miscellaneous,	874 358 1,441 381 3,054 13,631	\$87,303 47 37,774 23 114,850 88 31,957 13 \$271,885 71 \$1,299,926 66	— — — — \$7 00	\$87,303 47 37,774 23 114,850 88 31,957 13 \$271,885 71 \$1,299,919 66	\$1,9209 2,0291 1,5327 1,6130 \$1,7120 \$1,8340	\$1,8505 2,0036 1,4897 2,5121 \$1,7018 \$1,7354 ¹	\$54,254 48 23,165 84 64,935 71 15,532 28 \$157,888 31 \$766,086 97	\$440 84 50 23 59 77 — \$550 84 \$3,347 30
Mental wards, State Infirmary, Bridgewater State Hospital, Totals and averages, Aggregates,	734 772 1,506 15,137	\$42,961 65 30,400 84 \$73,362 49 \$1,373,289 15	— — \$7 00	\$42,961 65 30,400 84 \$73,362 49 \$1,373,282 15	\$1,1256 .7573 \$0,9368 \$1,7447	— — — —	\$41,509 80 27,020 66 \$68,530 46 \$834,617 43	\$0 87 — \$0 87 \$3,348 17

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FOON — Con.			CLOTHING AND CLOTHING MATERIAL.				
	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
		1912.	Three Years' Average, 1909-11.				1912.	Three Years' Average, 1909-11.
The insane: —								
State hospitals: —								
Worcester,	\$88,382 73	\$1 2590	\$1 1363	\$9,358 67	\$335 37	\$9,023 30	\$9 1285	\$9 1575
Taunton,	55,294 09	1 0108	1 1382	7,131 20	557 46	6,573 74	1201	.0987
Northampton,	55,083 03	1 1875	1 0897	3,950 18	254 54	3,695 64	.0797	.1018
Danvers,	71,933 27	.9573	.9333	8,598 47	404 19	8,194 28	.1091	.1846
Westborough,	72,643 44	1 1574	1 1320	7,005 25	523 30	7,081 95	.1128	.1153
Boston, exclusive of psychopathic department,	64,770 70	1 1851	1 0304	8,418 21	56 07	8,362 14	.1530	.1619
Boston, including psychopathic department,	70,991 59	1 2629	—	8,946 19	56 07	8,900 12	.1582	—
Totals and averages,	\$414,328 15	\$1 1339	\$1 0710 ¹	\$45,589 96	\$2,130 93	\$43,459 03	\$9 1189	\$9 1409 ¹
State asylums: —								
Worcester,	\$69,492 88	\$1 1383	\$1 0646	\$10,867 29	\$354 12	\$10,513 17	\$9 1722	\$9 2142
Medfield,	96,433 23	1 0883	1 0051	16,090 60	152 16	16,538 44	.1866	.1988
Gardner Colony,	25,147 94	.7197	.6318	5,497 29	346 20	5,151 09	.1474	.1938
Totals and averages,	\$191,074 05	\$1 0351	\$9 9576	\$33,055 18	\$852 48	\$32,202 70	\$9 1744	\$9 2030
Totals and averages, hospitals and asylums,	\$605,402 20	\$1 1007	\$1 0321 ¹	\$78,645 14	\$2,983 41	\$75,661 73	\$9 1376	\$9 1623 ¹
Miscellaneous: —								
Monson Hospital,	\$53,313 64	\$1 1841	\$1 0617	\$6,030 74	\$83 27	\$5,947 47	\$9 1309	\$9 0967
Foxborough Hospital,	23,115 61	1 2417	1 1989	3,474 72	79 39	3,395 33	.1834	.1636
School for the Feeble-minded at Walham,	64,875 94	.8658	.9158	14,013 37	555 53	13,457 84	.1796	.2129
Wrentham School,	15,532 28	.7340	.9609	3,148 73	24 54	3,124 19	.1577	.3858
Totals and averages,	\$157,337 47	\$9 9907	\$9 9960	\$26,607 56	\$742 73	\$25,924 83	\$9 1632	\$9 1785
Totals and averages, hospitals, asylums and miscellaneous,	\$762,739 67	\$1 0761	\$1 0243	\$105,312 70	\$3,726 14	\$101,586 56	\$9 1433	\$9 1657
Mental wards, State Infirmary,	\$41,508 93	\$1 0875	—	\$6,615 37	\$69 46	\$6,545 91	\$9 1715	—
Bridgewater State Hospital,	27,020 66	.6731	—	6,906 31	..	6,906 31	.1720	—
Totals and averages,	\$68,529 59	\$9 8751	—	\$13,521 68	\$69 46	\$13,452 22	\$9 1718	—
Aggregates,	\$831,269 26	\$1 0560	—	\$118,834 38	\$3,795 60	\$115,038 78	\$9 1462	—

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	FURNISHINGS.						
	WEEKLY PER CAPITA.						
	Gross Expenses.	Receipts.	Net Expenses.	1912.	Three Years' Average, 1909-11.	Beds, Bedding, Table Linen, etc.	Carpets, Rugs, etc.
The insane:— State hospitals:— Worcester, Taunton, Northampton, Danvers, Westborough, Boston, exclusive of psychopathic department, Boston, including psychopathic department, Totals and averages,	\$13,261 74 12,777 61 — 17,053 13 12,857 01 9,249 24 12,841 75 \$73,366 36	\$4 00 9 50 — 121 82 13 30 20 25 20 25 \$171 87	\$13,257 74 12,768 11 4,575 09 16,928 31 12,843 74 9,228 99 12,821 50 \$73,194 49	\$0 1889 .2334 .0986 .2253 .2046 .1689 .2281 \$0 2003	\$0 1723 .2271 .1276 .2264 .2009 .3006 — \$0 2076 ¹	\$0 1248 .1363 .0494 .0964 — — .1256 \$0 1063	\$0 0084 .0290 .0172 .0151 .0112 — .0046 \$0 0139
State asylums:— Worcester, Medfield, Gardner Colony, Totals and averages, Totals and averages, hospitals and asylums,	\$10,528 00 7,532 49 4,541 53 \$22,602 02 \$95,968 38	— \$29 20 — \$29 20 \$201 07	\$10,528 00 7,503 29 4,541 53 \$22,572 82 \$95,767 31	\$0 1725 .0847 .1300 \$0 1223 \$0 1741	\$0 1986 .0986 .1409 \$0 1392 \$0 1841 ¹	\$0 0940 .0458 .0440 \$0 0611 \$0 0913	\$0 0012 .0036 .0119 \$0 0014 \$0 0107
Miscellaneous:— Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School, Totals and averages, Totals and averages, hospitals, asylums and miscellaneous,	\$9,384 09 2,856 46 10,869 37 3,277 08 \$26,387 00 \$122,355 38	\$0 10 — — — \$0 10 \$201 17	\$9,383 99 2,856 46 10,869 37 3,277 08 \$26,386 90 \$122,154 21	\$0 2065 .1531 .1451 .1654 \$0 1662 \$0 1723	\$0 1385 .1568 .1622 .2378 \$0 1593 \$0 1789 ¹	\$0 0755 .0722 .0826 .0629 \$0 0769 \$0 0880	\$0 0205 .0100 .0039 .0122 \$0 0104 \$0 0106
Mental wards, State Infirmary, Bridgewater State Hospital, Totals and averages, Aggregates,	\$3,089 70 4,006 81 \$7,016 54 \$129,401 92	— \$30 44 \$30 44 \$231 61	\$3,089 70 3,976 40 \$7,016 10 \$129,170 31	\$0 0796 .0991 \$0 0896 \$0 1641	— — — —	— — — —	— — — —

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	FURNISHINGS — Con.		HEAT, LIGHT AND POWER.			WEEKLY PER CAPITA.	
	Furniture and Upholstery.	Crocery, Glassware, Cutlery, etc.	Gross Expenses.	Receipts.	Net Expenses.	1912.	Three Years' Average, 1909-11.
The insane: —							
State hospitals: —							
Worcester,	\$0.0114	\$0.0097	\$24,828 05	\$6 25	\$24,821 80	\$0.3536	\$0.3213
Taunton,	.0207	.0128	14,134 59	14 00	14,120 59	.2581	.3406
Northampton,	.0101	.0116	10,681 31	—	10,681 31	.2303	.2985
Danvers,	.0117	.0158	27,959 73	67 60	27,892 13	.3712	.2860
Westborough,	.0103	.0237	35,018 48	—	35,018 48	.5579	.4680
Boston, exclusive of psychopathic department,	—	—	19,263 38	—	19,263 38	.3525	.3947
Boston, including psychopathic department,	.0145	.0244	22,257 03	—	22,257 03	.3959	—
Totals and averages,	\$0.0130	\$0.0163	\$134,879 19	\$87 85	\$134,791 34	\$0.3689	\$0.3461 ¹
State asylums: —							
Worcester,	\$0.00003	\$0.0115	\$26,899 01	—	\$26,899 01	\$0.4406	\$0.4294
Medfield,	.0056	.0066	31,010 82	—	31,010 82	.3500	.3436
Gardner Colony,	.0161	.0168	10,051 27	\$75 86	9,975 41	.2855	.3272
Totals and averages,	\$0.0057	\$0.0102	\$67,961 10	\$75 86	\$67,885 24	\$0.3677	\$0.3688
Totals and averages, hospitals and asylums,	\$0.0105	\$0.0143	\$202,840 29	\$163 71	\$202,676 58	\$0.3685	\$0.3539 ¹
Miscellaneous: —							
Monson Hospital,	\$0.0187	\$0.0272	\$24,794 30	—	\$24,794 30	\$0.5455	\$0.3430
Foxborough Hospital,	.0044	.0080	10,962 51	17 10	10,945 41	.5880	.5589
School for the Feeble-minded at Waltham,	.0159	.0087	16,293 41	34 10	16,259 31	.2170	.2203
Wrentham School,	.0418	.0132	5,143 12	—	5,143 12	.2596	.9342
Totals and averages,	\$0.0186	\$0.0145	\$57,193 34	\$51 20	\$57,142 14	\$0.3598	\$0.3220
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0124	\$0.0143	\$260,033 63	\$214 91	\$259,818 72	\$0.3666	\$0.3473 ¹
Mental wards, State Infirmary,	—	—	\$16,731 69	—	\$16,731 69	\$0.4384	—
Bridgewater State Hospital,	—	—	11,458 65	\$17 17	11,441 48	.2850	—
Totals and averages,	—	—	\$28,190 34	\$17 17	\$28,173 17	\$0.3597	—
Aggregates,	—	—	\$288,223 97	\$232 08	\$287,991 89	\$0.3659	—

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	REPAIRS AND IMPROVEMENTS.							
	WEEKLY PER CAPITA.							
	Gross Expenses.	Receipts.	Net Expenses.	1912.	Three Years' Average, 1909-11.	Plumbing, Steam Fitting and Supplies.	Electrical Work and Supplies.	Paints, Oils, Glass, etc.
The insane:—								
State hospitals:—								
Worcester,	\$11,761 87	\$101 59	\$11,660 28	\$0 1661	\$0 2875	\$0 0249	\$0 0207	\$0 0421
Taunton,	13,795 84	50 51	13,745 33	.2513	.1581	.0526	.0152	.0282
Northampton,	10,295 72	—	10,295 72	.2220	.2064	.0258	.0206	.0523
Danvers,	35,655 75	1,288 98	34,366 77	.4574	.4631	.1101	.0317	.0366
Westborough,	9,010 78	56 46	8,954 32	.1427	.2416	.0309	.0301	.0140
Boston, exclusive of psychopathic department,	13,405 17	19 72	13,385 45	.2449	.2225	—	—	—
Boston, including psychopathic department,	14,764 19	19 72	14,744 47	.2623	—	.0622	.0240	.0417
Totals and averages,	\$95,284 15	\$1,517 26	\$93,766 89	\$0 2566	\$0 2797 ¹	\$0 0535	\$0 0243	\$0 0353
State asylums:—								
Worcester,	\$8,901 86	\$0 15	\$8,982 71	\$0 1472	\$0 1785	\$0 0233	\$0 0108	\$0 0263
Medfield,	13,507 89	189 46	13,318 43	.1503	.1322	.0582	.0258	.0131
Gardner Colony,	10,519 22	153 18	10,366 04	.2966	.3392	.1081	.0362	.0301
Totals and averages,	\$33,018 97	\$351 79	\$32,667 18	\$0 1770	\$0 1849	\$0 0561	\$0 0228	\$0 0207
Totals and averages, hospitals and asylums,	\$128,303 12	\$1,869 05	\$126,434 07	\$0 2299	\$0 2472 ¹	\$0 0543	\$0 0238	\$0 0304
Miscellaneous:—								
Monson Hospital,	\$10,198 55	\$48 29	\$10,150 26	\$0 2233	\$0 2296	\$0 0638	\$0 0339	\$0 0299
Foxborough Hospital,	5,812 15	39 20	5,772 95	.3101	.4209	.0551	.0270	.0420
School for the Feeble-minded at Waltham,	11,135 10	101 64	11,033 46	.1473	.2284	.0179	.0077	.0381
Wrentham School,	4,610 85	—	4,610 85	.2327	.2878	.0361	.0187	.0357
Totals and averages,	\$31,756 65	\$189 13	\$31,567 52	\$0 1988	\$0 2576	\$0 0377	\$0 0188	\$0 0359
Totals and averages, hospitals, asylums and miscellaneous,	\$160,059 77	\$2,058 18	\$158,001 59	\$0 2229	\$0 2491 ¹	\$0 0506	\$0 0227	\$0 0316
Mental wards, State Infirmary,	\$9,539 21	—	\$9,539 21	\$0 2499	—	—	—	—
Bridgewater State Hospital,	4,984 97	\$35 33	4,949 64	.1233	—	—	—	—
Totals and averages,	\$14,524 18	\$35 33	\$14,488 85	\$0 1850	—	—	—	—
Aggregates,	\$174,583 95	\$2,063 51	\$172,490 44	\$0 2191	—	—	—	—

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FARM, STABLE AND GROUNDS.					WEEKLY PER CAPITA.				
	Gross Expenses.	Receipts.	Net Expenses.	1912.	Three Years' Average, 1909-11.	Carriages, Wagons and Repairs.	Hay, Grain, etc.	Fertilizers, Vines, Seeds, etc.		
The insane: —										
State hospitals: —										
Worcester,	\$18,080 21	\$1,109 17	\$16,971 04	\$0 2418	\$0 2487	\$0 0156	\$0 1843	\$0 0164		
Taunton,	21,278 05	185 48	21,092 57	.3856	.3202	.0231	.2414	.0299		
Norhampton,	17,703 36	763 71	16,939 65	.3652	.3399	.0056	.2285	.0163		
Danvers,	15,858 62	884 72	14,973 90	.1993	.2222	.0056	.0924	.0265		
Westborough,	20,956 62	536 15	20,420 47	.3254	.3054	.0031	.2304	.0110		
Boston, exclusive of psychopathic department,	17,453 10	373 29	17,079 81	.3125	.3016	—	—	—		
Boston, including psychopathic department,	17,467 10	373 29	17,093 81	.3041	—	.0988	.0871	.0171		
Totals and averages,	\$111,343 96	\$3,852 52	\$107,491 44	\$0 2942	\$0 2812 ¹	\$0 0240	\$0 1725	\$0 0287		
State asylums: —										
Worcester,	\$17,408 11	\$1,103 60	\$16,304 51	\$0 2671	\$0 2861	\$0 0086	\$0 1807	\$0 0288		
Medfield,	33,161 44	793 95	32,367 49	.3653	.2491	.0023	.2955	.0139		
Gardner Colony,	16,872 66	1,555 63	15,317 03	.4383	.4181	.0496	.2786	.0790		
Totals and averages,	\$67,442 21	\$3,453 18	\$63,989 03	\$0 3466	\$0 2920	\$0 0133	\$0 2563	\$0 0312		
Totals and averages, hospitals and asylums,	\$178,786 17	\$7,305 70	\$171,480 47	\$0 3118	\$0 2849 ¹	\$0 0204	\$0 2006	\$0 0295		
Miscellaneous: —										
Monson Hospital,	\$14,795 49	\$1,407 03	\$13,388 46	\$0 2946	\$0 2675	\$0 0077	\$0 2059	\$0 0198		
Foxborough Hospital,	6,933 72	945 96	5,987 76	.3216	.4174	.0587	.1925	.0458		
School for the feeble-minded at Waltham,	30,247 68	684 54	29,563 14	.3945	.3398	.0443	.2303	.0412		
Wrentham School,	8,647 80	49 16	8,598 64	.4340	.9116	.2075	.1754	.1114		
Totals and averages,	\$60,624 69	\$3,086 69	\$57,538 00	\$0 3623	\$0 3469	\$0 0309	\$0 2120	\$0 0444		
Totals and averages, hospitals, asylums and miscellaneous,	\$239,410 86	\$10,392 39	\$229,018 47	\$0 3231	\$0 2978 ¹	\$0 0228	\$0 2032	\$0 0328		
Mental wards, State Infirmary,	\$5,198 50	\$73 65	\$5,124 85	\$0 1343	—	—	—	—		
Bridgewater State Hospital,	8,092 47	1,788 56	6,303 91	.1570	—	—	—	—		
Totals and averages,	\$13,290 97	\$1,862 21	\$11,428 76	\$0 1459	—	—	—	—		
Aggregates,	\$252,701 83	\$12,254 60	\$240,447 23	\$0 3055	—	—	—	—		

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

MISCELLANEOUS.										
FARM, STABLE AND GROUNDS — Con.	WEEKLY PER CAPITA — Con.		WEEKLY PER CAPITA.					Three Years' Average, 1909-11.	Freight, Ex- penses and Transporta- tion.	Water.
	Cows.	Horses.	Gross Expenses.	Receipts.	Net Expenses.	1912.				
INSTITUTIONS.	The insane: —									
	State hospitals: —									
	Worcester,	—	\$20,306 71	\$6,330 12	\$13,976 59	\$0.1991	\$0.2616	\$0.0158	\$0.0635	
	Taunton,	\$0.0198	21,994 17	927 36	21,066 81	.3851	.3966	.0446	.0893	
	Northampton,	.0043	11,207 66	346 23	10,861 43	.2342	.2300	.0026	.0820	
	Danvers,	.0287	23,705 22	679 56	23,025 66	.3064	.3041	.0474	.0721	
	Westborough,	—	18,263 75	942 80	17,320 95	.2760	.2650	.0404	.0294	
	Boston, exclusive of psychopathic department,	—	16,844 03	282 92	16,561 11	.3030	.3560	—	.0732	
	Boston, including psychopathic department,	.0090	20,210 80	282 92	19,927 88	.3545	—	.0048	—	
	Totals and averages,	\$0.0103	\$0.0101	\$115,688 31	\$9,508 99	\$106,179 32	\$0.2906	\$0.2988 ¹	\$0.0285	\$0.0671
State asylums: —										
Worcester,	\$0.0076	\$0.0192	\$13,235 94	\$565 95	\$12,669 99	\$0.2075	\$0.2051	\$0.0413	\$0.0244	
Medford,	.0101	.0079	13,006 51	287 37	12,719 14	.1435	.1301	.0267	—	
Gardner Colony,	—	.0217	6,761 70	1,159 42	5,602 28	.1603	.2138	.0062	.00008	
Totals and averages,	\$0.0074	\$0.0143	\$33,004 15	\$2,012 74	\$30,991 41	\$0.1679	\$0.1696	\$0.0336	\$0.0081	
Totals and averages, hospitals and asylums,	\$0.0096	\$0.0115	\$148,692 46	\$11,521 73	\$137,170 73	\$0.2494	\$0.2514 ¹	\$0.0302	\$0.0473	
Miscellaneous: —										
Monson Hospital,	\$0.0237	\$0.0264	\$13,604 62	\$324 40	\$13,280 22	\$0.2922	\$0.3213	\$0.0478	\$0.0306	
Foxborough Hospital,	.0201	—	10,520 37	250 48	10,269 89	.5517	.5016	.0792	.0300	
School for the Feeble-minded at Waltham,	—	.0243	20,330 96	584 46	19,746 50	.2635	.2711	.0945	.0337	
Wrentham School,	.0336	.0151	4,835 64	68 98	4,766 66	.2406	.4907	.0123	—	
Totals and averages,	\$0.0133	\$0.0209	\$49,291 59	\$1,228 32	\$48,063 27	\$0.3027	\$0.3229	\$0.0728	\$0.0282	
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0105	\$0.0136	\$197,984 05	\$12,750 05	\$185,234 00	\$0.2613	\$0.2685 ¹	\$0.0397	\$0.0430	
Mental wards, State Infirmary.	—	—	\$10,299 04	\$285 36	\$10,013 68	\$0.2624	—	—	—	
Bridgewater State Hospital,	—	—	8,584 65	722 02	7,862 63	.1959	—	—	—	
Totals and averages,	—	—	\$18,883 69	\$1,007 38	\$17,876 31	\$0.2283	—	—	—	
Aggregates,	—	—	\$216,867 74	\$13,757 43	\$203,110 31	\$0.2580	—	—	—	

¹ Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	MISCELLANEOUS — Con.				Gross Expenses.	TOTAL MAINTENANCE EXPENSES.		
	WEEKLY PER CAPITA — Con.					GROSS WEEKLY PER CAPITA.		
	Funeral Ex- penses, returning Escaped Patients and printing Annual Report.	Chapel Services.	Medicines and Hospital Supplies.	Tobacco.		1912.	Three Years' Average, 1909-11.	
The insane: —								
State hospitals: —								
Worcester,	\$0.0114	\$9.0091	\$0.0383	\$0.0193	\$316,495 20	\$4.5085	\$4.346	\$9,049 21
Taunton, . . . . .	.0087	.0180	.0437	.0187	254,887 87	4.6594	4.639	1,772 57
Northampton, . . . . .	.0057	.0056	.0144	.0009	182,639 12	3.9375	3.883	1,476 39
Danvers, . . . . .	.0035	.0067	.0302	.0211	344,748 81	4.5881	4.366	3,742 26
Westborough, . . . . .	.0079	.0076	.0363	.0138	310,734 45	4.9308	4.956	2,529 59
Boston, exclusive of psychopathic department,	—	—	—	—	268,427 94	4.9116	4.926	795 27
Boston, including psychopathic department,	.0050	.0198	.0729	.0036	305,932 52	5.4425	—	795 27
Totals and averages,	\$0.0071	\$0.0109	\$0.0394	\$0.0139	\$1,715,437 97	\$4.6946	\$4.5031	\$10,355 29
State asylums: —								
Worcester,	\$0.0076	\$.0083	\$0.0185	\$0.0145	\$269,491 81	\$4.4144	\$4.410	\$2,285 39
Medfield, . . . . .	.0090	.0105	.0217	.0112	351,065 91	3.9620	3.715	1,807 13
Gardner Colony, . . . . .	.0062	.0029	.0129	.0297	133,479 48	3.8198	3.651	3,390 32
Totals and averages, hospitals and asylums,	\$0.0080	\$0.0083	\$0.0190	\$0.0158	\$754,037 20	\$4.0817	\$3.933	\$7,482 84
Totals and averages, hospitals and asylums,	\$0.0074	\$0.0101	\$0.0325	\$0.0145	\$2,469,475 17	\$4.4899	\$4.3071	\$26,848 13
Miscellaneous: —								
Monson Hospital,	\$0.0133	\$0.0096	\$0.0428	\$0.0170	\$220,365 74	\$4.8487	\$4.363	\$2,303 93
Foxborough Hospital, . . . . .	.0152	.0138	.0423	.0494	101,500 00	5.4523	5.523	1,382 36
School for the Feeble-minded at Waltham,	.0034	—	.0145	.0001	282,676 48	3.7724	3.868	2,020 04
Wrentham School, . . . . .	.0093	—	.0200	—	77,152 63	3.8942	6.746	142 68
Totals and averages,	\$0.0084	\$0.0079	\$0.0265	\$0.0107	\$681,694 85	\$4.2926	\$4.331	\$5,849 01
Totals and averages, hospitals, asylums and miscellaneous,	\$0.0076	\$0.0096	\$0.0312	\$0.0137	\$3,151,170 02	\$4.4457	\$4.3101	\$32,697 14
Mental wards, State Infirmary,	—	—	—	—	\$135,894 96	\$3.5604	—	\$429 34
Bridgewater State Hospital,	—	—	—	—	101,455 39	2.5273	—	2,593 52
Totals and averages,	—	—	—	—	\$237,350 35	\$3.0308	—	\$3,022 86
Aggregates,	—	—	—	—	\$3,388,520 37	\$4.3049	—	\$35,720 00

* Excluding psychopathic department.

TABLE 5. — *Expenses for Maintenance, etc. — Concluded.*

INSTITUTIONS.	TOTAL MAINTENANCE EXPENSES — CON.				MAINTENANCE APPROPRIATION.			Deficiencies.	Balance reverting to State Treasury.
	NET WEEKLY PER CAPITA.			Three Years' Average, 1909-11.	Receipts of 1911.	In Addition to Such Receipts.	Total.		
	Net Expenses.	1912.							
The insane: —									
State hospitals: —									
Worcester,	\$307,445 99	\$4,3796	\$4,2598		\$68,598 59	\$239,401 41	\$308,000 00	\$8,495 20	—
Taunton,	253,115 30	4,6270	4,6128		39,877 41	215,122 59	255,000 00 ¹	—	\$112 13
Northampton,	181,162 73	3,9057	3,8251		51,245 96	132,254 04	183,500 00	—	860 88
Danvers,	341,006 55	4,5383	4,3234		63,190 32	296,309 68	359,500 00	—	14,751 19
Westborough,	308,204 86	4,9105	4,9023		83,863 68	226,886 32	310,750 00 ¹	—	15 55
Boston, exclusive of psychopathic department,	267,632 67	4,8970	4,8895		—	—	—	—	—
Boston, including psychopathic department,	305,137 25	5,4283	—		28,641 20	277,358 80	306,000 00	—	67 48
Totals and averages,	\$1,696,072 68	\$4,6416	\$4,4497 ²		\$335,417 16	\$1,387,332 84	\$1,722,750 00	\$8,495 20	\$15,807 23
State asylums: —									
Worcester,	\$267,206 42	\$4,3770	\$4,3854		\$9,686 67	\$259,813 33	\$269,500 00	—	\$8 19
Medfield,	349,258 78	3,9416	3,6858		12,550 80	338,549 20	351,000 00	—	34 09
Gardner Colony,	130,089 16	3,7228	3,6223		2,681 46	130,818 54	133,500 00	—	20 52
Totals and averages, hospitals and asylums,	\$746,554 36	\$1,0442	\$3,9048		\$24,918 93	\$729,181 07	\$754,100 00	—	\$62 80
Totals and averages, hospitals and asylums,	\$2,442,627 04	\$4,4411	\$4,2626 ²		\$360,336 09	\$2,116,513 91	\$2,476,850 00	\$8,495 20	\$15,870 03
Miscellaneous: —									
Monson Hospital,	\$218,061 81	\$4,7980	\$4,3088		\$12,799 66	\$202,609 34	\$215,400 00 ¹	\$1,965 74	—
Foxborough Hospital,	100,117 64	5,3780	5,4217		6,658 98	94,841 02	101,500 00 ¹	—	—
School for the Feeble-minded at Waltham,	280,656 44	3,7455	3,5402		24,646 86	258,174 03	282,820 89	—	144 41
Wrentham School,	77,009 95	3,8870	6,7209		670 46	80,829 54	81,500 00	—	4,347 37
Totals and averages, hospitals, asylums and miscellaneous,	\$675,845 84	\$4,2557	\$4,2850		\$44,775 96	\$636,444 93	\$681,220 89	\$4,965 74	\$4,491 78
Totals and averages, hospitals, asylums and miscellaneous,	\$3,118,472 88	\$4,3996	\$4,2664 ²		\$405,112 05	\$2,752,958 84	\$3,188,070 89	\$13,460 94	\$20,361 81
Mental wards, State Infirmary,	\$135,465 62	\$3,5492	—		\$2,047 57	\$131,742 27	\$134,389 84	\$1,505 12	—
Bridgewater State Hospital,	98,861 87	2,4627	—		1,365 15	100,090 70	101,455 88 ¹	—	\$0 49
Totals and averages,	\$234,327 49	\$2,9922	—		\$4,012 75	\$231,832 97	\$235,845 72	\$1,505 12	\$0 49
Aggregates,	\$3,352,800 37	\$4,2595	—		\$409,124 80	\$2,984,791 81	\$3,393,916 61	\$14,966 06	\$20,362 30

¹ Includes deficiency appropriation.² Excluding psychopathic department.

TABLE 6. — *Whole Weekly Per Capita Cost of Support of a Patient in the Institutions for the Insane, Feeble-minded, Epileptic and Inebriate, for the Fiscal Year ending Nov. 30, 1912.*

INSTITUTIONS.	Average Number of Patients, 1912.	Total Real and Personal Property.	Per Capita Valuation.	WEEKLY PER CAPITA COST.				Receipts.	Net Cost.
				Interest 3.49 Per Cent.	Depreciation.	Maintenance, exclusive of Repairs and Improvements.	Gross Cost.		
The insane: —									
State hospitals: —									
Worcester,	1,350	\$2,130,772 12	\$1,570 94	\$1 05	\$0 42	\$4 09	\$5 56	\$1 05	\$4 51
Taunton,	1,052	988,169 59	930 32	63	38	4 28	5 29	72	4 57
Northampton,	892	1,018,383 00	1,141 68	77	35	3 59	4 71	1 12	3 59
Danvers,	1,445	1,847,897 16	1,278 82	86	97	3 67	5 50	85	4 65
Westborough,	1,207	1,025,190 53	849 37	57	24	4 71	5 52	1 32	4 20
Boston, ¹	1,081	2,195,065 22	2,030 59	1 36	41	5 04	6 81	52	6 29
Totals and averages,	7,027	\$9,195,477 62	\$1,308 59	\$0 88	\$0 49	\$4 22	\$5 59	\$0 93	\$4 66
State asylums: —									
Worcester,	1,174	\$1,246,609 03	\$1,061 85	\$0 71	\$0 30	\$4 12	\$5 13	\$0 15	\$4 98
Medfield,	1,704	1,742,289 30	1,022 47	69	28	3 68	4 65	16	4 49
Gardner Colony,	672	623,241 86	927 44	62	50	3 32	4 44	13	4 31
Totals and averages,	3,550	\$3,612,140 19	\$1,017 50	\$0 68	\$0 33	\$3 76	\$4 77	\$0 15	\$4 62
Totals and averages, hospitals and asylums,	10,577	\$12,807,617 81	\$1,210 89	\$0 81	\$0 43	\$4 06	\$5 30	\$0 67	\$4 63
Miscellaneous: —									
Monson Hospital,	874	\$823,625 80	\$942 36	\$0 63	\$0 42	\$4 48	\$5 53	\$0 32	\$5 21
Foxborough Hospital,	358	349,280 83	975 64	65	49	4 96	6 10	33	5 77
School for the Feeble-minded at Waltham,	1,441	1,019,398 62	707 42	47	32	3 45	4 24	24	4 00
Wrentham School,	381	429,576 72	1,127 50	76	39	3 51	4 66	03	4 63
Totals and averages,	3,054	\$2,621,882 02	\$858 51	\$0 58	\$0 38	\$3 93	\$4 89	\$0 25	\$4 64
Totals and averages, hospitals, asylums and miscellaneous,	13,631	\$15,429,409 83	\$1,131 94	\$0 76	\$0 42	\$4 03	\$5 21	\$0 58	\$4 63
Mental wards, State Infirmary,	734	\$531,668 72	\$724 34	\$0 49	\$0 33	\$3 23	\$4 05	\$0 08	\$3 97
Bridgewater Hospital,	772	496,726 76	643 43	43	15	2 38	2 96	08	2 88
Totals and averages,	1,506	\$1,028,395 48	\$682 86	\$0 46	\$0 24	\$2 79	\$3 49	\$0 08	\$3 41
Aggregates,	15,137	\$16,457,895 31	\$1,087 26	\$0 73	\$0 40	\$3 91	\$5 04	\$0 53	\$4 51

¹ Includes psychopathic department.

TABLE 7. — *Receipts and Expenses on Account of Institutions for the Insane, Feeble-minded, Epileptic and Inebriate for the Fiscal Year ending Nov. 30, 1912.*

	EXPENSES.				Total Receipts.	Net Expenses.
	Increasing Value of Plant.	Which counterbalance Depreciation.	Maintenance exclusive of Repairs and Improvements.	Total Expenses.		
State Board of Insanity: —						
Office, traveling and contingent expenses, salaries and printing	—	—	\$49,533 66	\$49,533 66	—	\$49,533 66
annual report.	—	—	9,860 85	9,860 85	—	9,860 85
Transportation and deportation of patients, etc.,	—	—	2,491 22	2,491 22	\$76 08 ¹	2,418 14
Pathological investigation,						
Totals,	—	—	\$61,888 73	\$61,888 73	\$76 08	\$61,812 65
The insane: —						
State hospitals: —						
Worcester,	\$45,829 53	\$29,245 03	\$286,104 54	\$361,179 10	\$73,508 54	\$287,670 56
Taunton,	26,825 61	20,909 34	233,275 51	281,010 46	39,322 91	241,687 55
Northampton,	29,122 81	16,294 67	166,104 53	211,522 01	51,953 19	159,568 82
Danvers,	—	73,272 51	275,541 54	348,814 05	64,011 15	284,802 90
Westborough,	10,116 69	15,285 05	292,165 99	317,567 73	82,774 19	234,793 54
Boston, ²	535,210 16	22,872 91	232,847 84	840,830 91	29,299 68	811,631 23
Totals,	\$647,104 80	\$177,879 51	\$1,536,039 95	\$2,361,024 26	\$340,869 66	\$2,020,154 60
State asylums: —						
Worcester,	\$87,267 57	\$18,189 53	\$251,302 28	\$356,759 38	\$9,144 88	\$347,614 50
Medfield,	7,828 36	25,082 95	325,982 96	358,894 27	13,943 04	344,951 23
Gardner Colony,	19,277 73	17,521 53	115,957 95	152,757 21	4,450 25	148,306 96
Totals,	\$114,373 66	\$60,794 01	\$693,243 19	\$868,410 86	\$27,538 17	\$840,872 69
Totals, hospitals and asylums,	\$761,478 46	\$238,673 52	\$2,229,283 14	\$3,229,435 12	\$368,407 83	\$2,861,027 29

¹ Includes \$75.03 interest on bank account.

² Includes psychopathic department.

TABLE 7. — *Receipts and Expenses, etc.* — Concluded.

	EXPENSES.				Total Receipts.	Net Expenses.
	Increasing Value of Plant.	Which counterbalance Depreciation.	Maintenance exclusive of Repairs and Improvements.	Total Expenses.		
Miscellaneous: —						
Mental wards, State Infirmary,		\$12,077 80	\$123,217 16	\$135,894 96	\$3,242 44	\$132,652 52
Bridgewater Hospital (insane),	\$13,740 14	6,003 21	95,452 18	115,195 53	3,235 11	111,960 42
Monson Hospital (insane),	6,135 64	8,036 25	85,746 91	99,968 80	6,104 32	93,864 48
Foxborough Hospital (insane),	366 30	5,263 62	53,424 91	59,054 83	3,551 17	55,503 66
Totals,	\$20,292 08	\$31,980 88	\$357,841 16	\$410,114 12	\$16,133 04	\$393,981 08
Totals, institutions for the insane,	\$781,770 54	\$270,654 40	\$2,587,124 30	\$3,639,549 24	\$384,540 87	\$3,255,008 37
Family care,	—	—	\$41,375 85	\$41,375 85	\$1,858 92	\$39,516 93
Totals for the insane,	\$781,770 54	\$270,654 40	\$2,628,500 15	\$3,680,925 09	\$386,399 79	\$3,294,525 30
Feeble-minded: —						
School for the Feeble-minded at Walham,	\$17,784 81	\$24,089 77	\$258,586 71	\$300,461 29	\$17,927 54	\$282,533 75
Wrentham School,	52,295 08	7,694 20	69,458 43	129,447 71	655 57	128,812 14
Totals for feeble-minded,	\$70,079 89	\$31,783 97	\$328,045 14	\$429,909 00	\$18,563 11	\$411,345 89
Epileptic: —						
Monson Hospital (sane),	\$8,505 25	\$11,049 84	\$117,902 01	\$137,457 10	\$8,393 44	\$129,063 66
Hospital Cottages for Children,	—	—	9,229 55	9,229 55	—	9,229 55
Totals for epileptic,	\$8,505 25	\$11,049 84	\$127,131 56	\$146,686 65	\$8,393 44	\$138,293 21
Inebriates: —						
Foxborough Hospital,	\$267 20	\$3,839 64	\$38,971 83	\$43,078 67	\$3,414 82	\$39,663 85
Insane hospitals,	—	—	5,660 71	5,660 71	—	5,660 71
Totals for the inebriates,	\$267 20	\$3,839 64	\$44,632 54	\$48,739 38	\$3,414 82	\$45,324 56
Aggregates,	\$860,622 88	\$317,327 85	\$3,190,198 12	\$4,368,148 85	\$416,847 24	\$3,951,301 61

TABLE 8. — *General Statement as to Special Appropriations.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1912.						
	Balances brought forward from Previous Years.	New Appropriations.	Total of Live Appropriations.	Land.	FOR CONSTRUCTION.		
					BUILDINGS FOR PATIENTS.		BUILDINGS FOR NURSES.
					New and Additions.	Repairs.	
The insane:— State hospitals:— Worcester, Taunton, Northampton, Danvers, Westborough, Boston, ¹ Totals, State asylums:— Worcester, Medfield, Gardner Colony, Totals, Totals, hospitals and asylums, Miscellaneous:— Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School, Totals, Totals, hospitals, asylums and miscellaneous, Mental wards, State Infirmary, Bridgewater Hospital, Totals, Aggregates,	\$12,100 00 26,931 49 41,209 07 — 16,379 49 552,524 29 \$649,144 34 \$99,669 95 4,388 19 18,769 01 \$122,827 15 \$771,971 49 \$15,710 13 581 87 15,000 00 21,707 15 \$52,999 15 \$824,970 64 \$30,482 70 \$30,482 70 \$855,453 34	\$111,801 77 62,000 00 — 10,200 00 — 191,000 00 \$375,001 77 \$440,000 00 17,227 00 10,800 00 \$468,027 00 \$843,028 77 \$12,000 00 51 63 35,000 00 155,100 00 \$202,151 63 \$1,045,180 40 — \$1,015,180 40	\$123,901 77 88,931 49 41,209 07 10,200 00 16,379 49 743,524 29 \$1,024,146 11 \$539,669 95 21,615 19 29,569 01 \$590,854 15 \$1,615,000 26 \$27,710 13 633 50 50,000 00 176,807 15 \$255,150 78 \$1,870,151 04 \$30,482 70 \$30,482 70 \$1,000,633 74	\$13,601 77 — — — — 234,172 65 \$247,774 42 — — — \$247,774 42 — — — — \$247,774 42	\$32,227 76 22 58 — — 9,226 67 242,840 41 \$284,317 42 \$43,296 26 — 9,575 88 \$52,872 14 \$337,189 56 — 		

¹ Includes psychopathic department.

TABLE 8. — *General Statement as to Special Appropriations — Continued.*

EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1912 — Con.										
INSTITUTIONS.	For Construction — Con.						For Furnishing and Equipping.			
	BUILDINGS FOR FARM, STABLE AND GROUNDS.		ALL OTHER BUILDINGS.		TOTAL BUILDINGS.		FOR PATIENTS.			
	New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.	First Furnishing and Equipping.	Repairs and Renewals.		
The insane:— State hospitals:— Worcester, Taunton, Northampton, Danvers, Westborough, Boston, 1 Totals, State asylums:— Worcester, Medfield, Gardner Colony, Totals, hospitals and asylums, Miscellaneous:— Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School, Totals, hospitals, asylums and miscellaneous, Mental wards, State Infirmary, Bridgewater Hospital, Totals, Aggregates,	— — \$159 55 — — — — — \$159 55 — — — — — \$159 55 — — — \$1,067 40 — — 36 00 \$1,103 40 \$1,262 95 — — — \$1,262 95	— —								

1 Includes psychopathic department.

TABLE 8. — *General Statement as to Special Appropriations — Continued.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1912 — Con.					
	FOR FURNISHING AND EQUIPPING — Con.					
	FOR NURSES.		FOR FARM, STABLE AND GROUNDS.		FOR ALL OTHER PURPOSES.	
	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.
The insane: —						
State hospitals: —						
Worcester,	—	—	—	—	—	—
Taunton,	\$12,997 26	—	—	—	\$10,245 10	—
Northampton,	—	—	—	—	—	—
Danvers,	—	—	—	—	—	—
Westborough,	—	—	—	—	—	—
Boston, ¹	—	—	—	—	685 43	—
Totals,	\$12,997 26	—	—	—	\$10,930 53	—
State asylums: —						
Worcester,	\$721 72	—	—	—	—	—
Medfield,	—	—	—	—	\$2,909 61	—
Gardner Colony,	1,420 50	—	—	—	—	—
Totals,	\$2,142 22	—	—	—	\$2,909 61	—
Totals, hospitals and asylums,	\$15,139 48	—	—	—	\$13,840 14	—
Miscellaneous: —						
Monson Hospital,	—	—	—	—	—	—
Foxborough Hospital,	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	\$1,325 45	—	—	—	—	—
Wrentham School,	—	—	—	—	—	—
Totals,	\$1,325 45	—	—	—	—	—
Totals, hospitals, asylums and miscellaneous,	\$16,464 93	—	—	—	\$13,840 14	—
Mental wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	\$830 00	—
Totals,	—	—	—	—	\$830 00	—
Aggregates,	\$16,464 93	—	—	—	\$14,670 14	—

¹ Includes psychopathic department.

TABLE 8. — *General Statement as to Special Appropriations* — Continued.

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1912 — Con.									
	FOR FURNISHING AND EQUIPPING — Coal.		FOR BETTERMENTS.							
	TOTALS.		WATER SUPPLY, EXCLUSIVE OF PLUMBING IN BUILDINGS.		SEWERAGE, EXCLUSIVE OF PLUMBING IN BUILDINGS.		HEATING, EXCLUSIVE OF APPLIANCES IN BUILDINGS.			
	First Furnishing and Equipping.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.
The insane: —										
State hospitals: —										
Worcester,										
Taunton,	\$12,997 26	—	—	—	—	—	—	—	—	—
Northampton,	10,245 10	—	—	—	—	—	—	—	—	—
Danvers,	—	—	—	\$4,142 20	—	—	—	—	—	—
Westborough,	695 55	—	—	—	\$163 47	—	—	—	—	—
Boston, ¹	40,378 70	—	—	—	—	—	—	—	—	—
Totals,	\$64,317 61	—	—	\$4,142 20	\$163 47	—	—	—	—	—
State asylums: —										
Worcester,	\$3,459 71	—	—	—	—	—	\$1,996 90	—	—	—
Medfield,	2,909 61	—	—	—	—	—	—	—	—	—
Gardner Colony,	3,854 74	—	\$3,081 04	—	—	—	—	—	—	—
Totals,	\$10,224 06	—	\$3,081 04	—	\$163 47	—	\$1,996 90	—	—	—
Totals, hospitals and asylums,	\$74,541 67	—	\$3,081 04	\$4,142 20	\$163 47	—	\$1,996 90	—	—	—
Miscellaneous: —										
Monson Hospital,	—	—	—	—	—	—	—	—	—	—
Foxborough Hospital,	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	\$1,325 45	—	—	—	—	—	—	—	—	—
Wrentham School,	2,702 25	—	\$484 59	—	\$6,606 59	—	\$2,933 58	—	—	—
Totals,	\$4,027 70	—	\$484 59	—	\$6,606 59	—	\$2,933 58	—	—	—
Totals, hospitals, asylums and miscellaneous,	\$78,569 37	—	\$3,565 63	\$4,142 20	\$7,081 00	—	\$4,930 48	—	—	—
Mental Wards, State Infirmary,	—	—	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—	—	—	—	—
Totals,	\$830 00	—	—	—	—	—	—	—	—	—
Aggregates,	\$830 00	—	\$3,565 63	\$4,142 20	\$7,081 00	—	\$4,930 48	—	—	—
Totals,	\$79,399 37	—	—	—	—	—	—	—	—	—

¹ Includes psychopathic department.

TABLE 8. — *General Statement as to Special Appropriations — Concluded.*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1912 — CON.						Total Ex- penditures to Date.	Balance at End of Current Fiscal Year.	Reverted Balances.
	MISCELLANEOUS.			TOTAL EXPENDITURES.					
	Adding to Original Value.	Repairs and Renewals.	Total Ex- penditures during Fiscal Year.	Adding to Original Value.	Repairs and Renewals.	Total Ex- penditures during Fiscal Year.			
The insane: —									
State hospitals: —									
Worcester,	—	—	\$45,829 53	—	—	45,829 53	\$15,829 53	\$65,972 24	\$12,100 00
Taunton,	—	—	26,825 61	—	—	26,825 61	72,394 12	62,105 88	—
Northampton,	—	—	29,122 81	—	—	29,122 81	34,838 74	12,086 26	—
Danvers,	—	—	—	\$4,112 20	—	4,112 20	4,142 20	6,657 80	—
Westborough,	—	—	10,116 69	—	—	10,116 69	79,677 20	6,262 80	—
Boston, 1	—	—	535,210 16	—	—	535,210 16	1,190,773 95	208,312 03	2 10
Totals,	—	—	\$647,101 80	\$4,142 20	—	\$651,247 00	\$1,427,655 74	\$360,797 01	\$12,102 10
State asylums: —									
Worcester,	\$12,741 08	—	\$87,267 57	—	—	\$87,267 57	\$172,497 02	\$452,399 21	\$3 17
Medfield,	—	—	7,828 36	—	—	7,828 36	40,440 17	13,786 83	—
State Colony,	911 20	—	19,277 73	—	—	19,277 73	21,908 72	10,214 33	76 95
Totals,	\$13,682 28	—	\$111,373 66	—	—	\$111,373 66	\$234,846 51	\$176,400 37	\$80 12
Total, hospitals and asylums,	\$13,682 28	—	\$761,478 46	\$4,142 20	—	\$765,620 66	\$1,662,562 25	\$837,197 38	\$12,182 22
Miscellaneous: —									
Monson Hospital,	—	\$2,369 27	\$14,690 89	\$2,369 27	—	\$17,060 16	\$25,350 03	\$10,649 97	—
Foxborough Hospital,	—	—	633 50	—	—	633 50	100,051 63 ²	—	—
School for the Feeble-minded at Waltham,	—	—	17,784 81	—	—	17,784 81	17,784 81	32,215 19	—
Wrentham School,	\$272 65	—	52,295 08	—	—	52,295 08	108,587 93	124,451 71	\$60 36
Total,	\$272 65	\$2,369 27	\$85,404 28	\$2,369 27	—	\$87,773 55	\$251,774 40	\$167,316 87	\$60 36
Total, hospitals, asylums and miscellaneous,	\$13,954 93	\$2,369 27	\$846,882 74	\$6,511 47	—	\$853,394 21	\$1,914,276 65	\$1,004,514 25	\$12,242 58
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—	—
Bridgewater State Hospital,	—	—	\$13,740 14	—	—	\$13,740 14	\$78,257 44	\$16,742 56	—
Totals,	\$13,954 93	\$2,369 27	\$860,622 88	\$6,511 47	—	\$867,134 35	\$1,992,534 09	\$1,021,256 81	\$12,242 58
Aggregates,									

¹ Includes psychopathic department.² \$51.63 transferred from small items.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments.*

INSTITUTIONS.	MEDICAL SERVICE.					WARD SERVICE.				
	Full Roster.	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Roster Males.	AVERAGE NUMBER PERSONS, MALES.	
		In Service, Years, 1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.			
The insane: —										
State hospitals: —										
Worcester,	19	12 07	11 84	\$93 85	\$88 86	\$0 1936	\$0 1828	100	84 64	67 69
Taunton,	12	11 71	12 02	84 09	75 05	.2160	.2121	70	70 35	60 28
Northampton,	8	6 41	5 89	99 98	111 26	.1658	.1747	45	35 05	35 81
Danvers,	16	12 99	13 35	88 84	79 60	.1843	.1705	70	61 83	55 91
Westborough,	16	14 69	13 95	87 08	88 04	.2446	.2702	86	77 49	63 64
Boston, ¹	32	18 77	8 96 ²	90 91	92 33 ²	.3643	.2314 ²	79	64 00	42 59 ²
Totals and averages,	103	76 64	66 01 ²	\$90 01	\$86 61 ²	\$0 2266	\$0 2037 ²	450	393 36	325 92 ²
State asylums: —										
Worcester,	9	8 94	8 86	\$87 13	\$83 09	\$0 1531	\$0 1528	67	62 48	58 00
Medfield,	7	6 13	6 24	114 64	107 42	.0952	.0934	72	71 47	61 71
Gardner Colony,	3	3 00	2 92	136 62	127 68	.1407	.1417	43	39 60	32 14
Totals and averages, hospitals and asylums,	19	18 07	18 02	\$104 68	\$98 83	\$0 1229	\$0 1216	182	173 55	151 94
	122	94 71	84 03 ²	\$92 81	\$89 21 ²	\$0 1918	\$0 1755 ²	632	566 91	477 86 ²
Miscellaneous: —										
Monson Hospital,	8	5 55	5 56	\$121 34	\$112 72	\$0 1778	\$0 1908	46	40 14	41 87
Foxborough Hospital,	5	4 92	4 74	126 04	109 45	.3997	.3573	22	20 13	21 16
School for the Feeble-minded at Waltham,	7	6 07	5 08	149 71	136 44	.1455	.1198	21	22 20	23 98
Wrentham School,	3	2 06	1 54	197 18	174 60	.2460	.5974	3	2 61	1 79
Totals and averages, hospitals, asylums and miscellaneous,	23	18 60	16 92	\$140 24	\$123 96	\$0 1971	\$0 1880	92	85 08	88 80
	145	113 31	100 95 ²	\$100 59	\$85 04 ²	\$0 1930	\$0 1782 ²	724	651 99	566 66 ²

¹ Includes psychopathic department.² Exclusive of psychopathic department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	WARD SERVICE — CON.										
	AVERAGE NUMBER PERSONS, FEMALES.		Full Roster Totals.	AVERAGE NUMBER PERSONS, TOTALS.		NUMBER OF PATIENTS TO ONE NURSE.					
	In Service, 1912.	Average Three Years, 1909-11.		In Service, 1912.	Average Three Years, 1909-11.	MALES.		FEMALES.		TOTALS.	
						1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.		
The insane: — State hospitals: — Worcester, Taunton, Northampton, Danvers, Westborough, Boston, ¹	97.24 71.97 43.53 80.96 104.90 108.18	77.40 67.36 35.17 75.91 97.18 74.82 ²	210 147 95 159 203 212	181.88 142.32 78.58 142.79 182.39 172.18	145.09 127.64 70.98 131.82 160.82 117.41 ²	7.92 8.08 13.22 10.04 6.37 6.88	10.00 8.80 12.38 10.96 6.80 8.27 ²	6.99 6.72 9.84 10.18 6.60 5.92	8.52 6.68 12.01 10.90 6.47 ² 6.47 ²	7.42 7.39 11.35 10.12 6.62 6.28	9.21 7.68 12.18 10.92 6.50 7.12 ²
Totals and averages,	506.78	427.84 ²	1,026	900.14	753.76 ²	8.28	9.26 ²	7.44	8.10 ²	7.81	8.60 ²
State asylums: — Worcester, Medfield, Gardner Colony,	68.81 115.11 19.67	62.14 105.86 16.42	139 192 61	131.29 186.58 59.27	120.23 167.57 48.56	8.88 10.20 10.64	8.86 10.93 12.44	8.99 8.47 12.75	9.62 9.30 12.79	8.94 9.13 11.34	9.24 9.11 12.56
Totals and averages, hospitals and asylums, Totals and averages, hospitals and asylums, Miscellaneous: — Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School,	203.59 710.37 49.00 1.00 139.61 30.77	184.42 612.26 ² 40.03 20 130.13 12.40	392 1,418 111 23 176 39	377.14 1,277.28 89.14 21.13 161.81 33.38	336.36 1,090.12 ² 81.90 21.36 154.11 14.19	9.83 8.75 9.01 17.78 8.06 32.57	10.46 9.64 ² 8.85 15.86 9.13 15.24	9.06 7.90 10.46 — 9.01 9.62	9.72 8.59 ² 9.72 — 10.40 10.40	9.41 8.28 9.81 16.94 8.90 11.41	10.05 9.05 ² 9.28 15.86 8.55 10.87
Totals and averages, hospitals, asylums and miscellaneous,	220.38 930.75	182.76 795.02 ²	349 1,767	305.46 1,582.71	271.56 1,361.68 ²	11.56 9.12	10.75 9.81 ²	9.39 8.26	8.85 8.65 ²	10.00 8.61	9.48 9.13 ²

¹ Includes psychopathic department.² Exclusive of psychopathic department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	WARD SERVICE — CON.							GENERAL ADMINISTRATION.			
	AVERAGE MONTHLY COMPENSATION.					AVERAGE WEEKLY PER CAPITA COST.		Full Roster.	AVERAGE NUMBER PERSONS.		
	MALES.		FEMALES.		TOTALS.		1912.		Average Three Years, 1909-11.	In Service, 1912.	Average Three Years, 1909-11.
	1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.					
The insane: — State hospitals: — Worcester, Taunton, Northampton, Danvers, Westborough, Boston, ¹ Totals and averages, State asylums: — Worcester, Medfield, Gardner Colony, Totals and averages, Totals and averages, hospitals and asylums, Miscellaneous: — Monson Hospital, Foxborough Hospital, School for the Feeble-minded at Waltham, Wrentham School, Totals and averages, Totals and averages, hospitals, asylums and miscellaneous,	\$24 84 29 12 31 10 29 76 28 90 29 96 \$28 57 \$26 83 30 11 28 95 \$28 66 \$28 60 \$36 91 32 60 33 28 34 18 \$34 86 \$29 41	\$26 48 29 54 29 48 28 32 28 68 28 40 ² \$28 38 ² \$26 35 30 18 27 94 \$28 21 \$28 33 ² \$32 66 31 30 31 24 29 85 \$31 89 \$28 88 ²	\$22 67 24 35 27 76 25 37 23 59 25 72 \$24 62 \$23 76 24 60 20 59 \$23 93 \$21 42 \$28 47 25 17 26 61 26 97 \$27 06 \$25 05	\$22 96 24 50 26 10 23 90 23 07 24 50 ² \$23 92 ² \$23 27 25 00 20 19 \$24 00 \$23 94 ² \$26 89 8 12 25 52 23 77 \$25 71 \$24 35 ²	\$23 68 26 71 29 25 27 27 25 84 27 30 \$26 35 \$25 23 26 71 26 18 \$26 11 \$26 27 \$32 27 32 25 27 52 27 53 \$29 23 \$26 85	\$24 59 26 88 27 79 25 78 25 29 25 91 ² \$25 85 ² \$24 76 26 91 25 32 \$25 91 \$25 87 ² \$29 78 31 23 26 41 24 72 \$27 72 \$26 24 ²	\$0 7362 .8339 .5947 .6219 .9013 1.0035 \$0 7788 \$0 6508 .6749 .5328 \$0 6401 \$0 7322 \$0 7595 .4393 .7132 .5567 \$0 6748 \$0 7194	\$0 6203 .8086 .5268 .5455 .8981 .8550 ² \$0 6941 ² \$0 6181 .6273 .4664 \$0 5951 \$0 6601 ² \$0 7405 .4670 .7046 .5252 \$0 6747 \$0 6630 ²	92 97 43 78 105 103 518 93 127 46 266 784 69 38 52 18 177 961	80 28 88 36 44 62 72 87 85 93 76 14 454 52 89 07 118 00 46 47 254 14 708 66 59 78 36 84 53 28 18 00 167 90 876 56	73 33 78 23 42 45 69 43 85 93 51 83 ² 401 20 ² 81 87 120 47 39 76 242 10 643 30 ² 51 35 37 30 53 79 11 12 153 56 796 86 ²

¹ Includes psychopathic department.² Exclusive of psychopathic department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	GENERAL ADMINISTRATION — Con.			REPAIRS AND IMPROVEMENTS.			
	AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.	AVERAGE WEEKLY PER CAPITA COST.
	1912.	Average Three Years, 1909-11.		In Service, 1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.
The insane: —			Full Roster.				
State hospitals: —							
Worcester,	\$31 51	\$31 40	21	15 55	14 91	\$63 69	\$62 41
Taunton,	32 43	33 19	9	8 95	7 39	66 23	77 28
Northampton,	34 23	34 35	8	6 38	7 12	78 36	72 19
Danvers,	41 95	39 91	30	30 72	26 33	82 86	82 86
Westborough,	59 73	36 65	9	5 97	5 68	57 58	92 31
Boston, ¹	47 47	47 34 ²	10	8 76	7 40 ²	77 14	66 00 ²
Totals and averages,	\$37 97	\$36 70 ²	87	76.33	68.83 ²	\$85 65	\$82 65 ²
State asylums: —							
Worcester,	\$34 01	\$31 62	17	8 67	11 70	\$88 40	\$104 53
Medfield,	32 78	31 10	16	12 62	13 93	76 43	71 42
Gardner Colony,	31 36	33 22	11	7 31	4 95	79 82	77 41
Totals and averages,	\$33 50	\$31 62	44	28 60	30 58	\$80 93	\$81 52
Totals and averages, hospitals and asylums,	\$36 37	\$34 75 ²	131	104 93	99 41 ²	\$84 36	\$82 09 ²
Miscellaneous: —							
Monson Hospital,	\$37 16	\$35 34	8	5 59	4 75	\$97 17	\$78 91
Foxborough Hospital,	33 99	32 21	10	6 56	7 20	41 81	29 83
School for the Feeble-minded at Waltham,	37 55	35 15	9	8 60	8 17	125 53	110 71
Wrentham School,	43 02	35 66	3	2 56	1 71	100 37	98 41
Totals and averages,	\$37 22	\$34 57	30	23 31	21 83	\$92 40	\$76 89
Totals and averages, hospitals, asylums and miscellaneous,	\$36 53	\$34 75 ²	161	128 24	121 24 ²	\$85 82	\$81 12 ²
						\$76 89	\$76 89
						\$85 82	\$81 12 ²

¹ Includes psychopathic department.² Exclusive of psychopathic department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments* — Continued.

INSTITUTIONS.	FARM, STABLE AND GROUND.					
	Full Roster.	AVERAGE NUMBER OF PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.
		In Service, 1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.	
The insane: —						
State hospitals: —						
Worcester,	49	44 41	44 62	\$30 48	\$29 84	\$0 2319
Taunton,	20	19 04	17 85	41 68	39 56	1663
Northampton,	21	20 42	18 97	38 49	40 24	.1741
Danvers,	29	23 54	28 20	45 87	40 28	.2036
Westborough,	30	29 29	27 93	33 42	32 62	1821
Boston, ¹	26	24 20	21 39 ²	34 61	34 80 ²	1871
Totals and averages,	175	160 90	158 96 ²	\$36 23	\$35 17 ²	.1788
State asylums: —						\$0 1914
Worcester,	50	43 37	42 68	\$33 02	\$31 07	\$0 2753
Medfield,	35	34 58	34 88	31 08	30 58	1484
Gardner Colony,	9	7 18	5 93	49 76	47 61	.1456
Totals and averages,	94	85 13	83 49	\$33 64	\$32 03	.1227
Totals and averages, hospitals and asylums,	269	246 03	242 45 ²	\$35 33	\$34 09 ²	\$0 1862
Miscellaneous: —						\$0 1825
Monson Hospital,	25	23 20	21 89	\$41 40	\$38 23	\$0 1336 ²
Foxborough Hospital,	11	9 30	10 03	34 38	29 65	\$0 2536
School for the Feeble-minded at Waltham,	33	31 48	30 40	35 85	34 50	.2661
Wrentham School,	6	6 48	5 62	47 31	35 42	.1807
Totals and averages,	75	70 46	67 94	\$38 53	\$35 15	.1857
Totals and averages, hospitals, asylums and miscellaneous,	344	316 49	310 39 ²	\$36 05	\$34 32 ²	\$0 2052
						\$0 1931

¹ Includes psychopathic department.² Exclusive of psychopathic department.

TABLE 9. — *Comparative Analysis of Pay Roll, by Departments — Concluded.*

ALL PERSONS EMPLOYED.									
INSTITUTIONS.	Full Roster.	AVERAGE NUMBER OF PERSONS.		NUMBER OF PERSONS TO ONE EMPLOYEE.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.	
		In Service, 1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.	1912.	Average Three Years, 1909-11.
The insane: —									
State hospitals: —									
Worcester,	391	334 19	289 79	4 04	4 59	\$32 25	\$33 21	\$1 8426	\$1 6748
Taunton,	285	270 38	243 13	3 89	4 03	33 43	33 75	1 9826	1 9335
Northampton,	175	136 41	145 41	5 70	5 94	36 78	36 87	1 4882	1 4312
Danvers,	312	282 91	269 13	5 11	5 36	42 32	39 30	1 9123	1 7060
Westborough,	363	324 59	294 31	3 72	3 55	34 38	33 56	2 1337	2 1821
Boston, ¹	383	300 05	206 99 ²	3 60	3 99 ²	38 44	36 48 ²	2 4624	2 1280 ²
Totals and averages,	1,909	1,668.53	1,448.76 ²	4.21	4 47 ²	\$36 10	\$35 35 ²	\$1 9783	\$1 8256 ²
State asylums: —									
Worcester,	308	281 34	265 34	4 17	4 19	\$33 12	\$32 85	\$1 8316	\$1 8092
Medfield,	377	358 51	343 09	4 75	4 84	32 39	32 02	1 5729	1 5284
Gardner Colony,	130	123 23	102 12	5 46	5 97	36 51	35 13	1 5450	1 3575
Totals and averages,	815	763 08	710 55	4 65	4 76	\$33 33	\$32 78	\$1 6532	\$1 5899
Totals and averages, hospitals and asylums,	2,724	2,431.61	2,159.31 ²	4.35	4.57 ²	\$35 23	\$34 51 ²	\$1 8691	\$1 7446 ²
Miscellaneous: —									
Monson Hospital,	221	183 26	165 45	4 77	4 60	\$39 70	\$36 83	\$1 9209	\$1 8510
Foxborough Hospital,	87	78 75	80 63	4 54	4 17	39 97	36 06	2 0291	2 0038
School for the Feeble-minded at Waltham,	277	261 24	251 55	5 52	5 30	36 64	34 23	1 5327	1 4900
Wrentham School,	69	62 48	34 18	6 10	4 03	42 62	42 46	1 6130	2 5125
Totals and averages,	654	585 73	531 81	5 21	4 84	\$38 68	\$35 71	\$1 7120	\$1 7020
Totals and averages, hospitals, asylums and miscellaneous,	3,378	3,017 34	2,691 12 ²	4.52	4 62 ²	\$35 90	\$34 75 ²	\$1 8339	\$1 7355 ²

¹ Includes psychopathic department.² Exclusive of psychopathic department.

GENERAL STATISTICS.

TABLE 10. — *Statistical Form for State Institutions, etc. — Continued.*

INSTITUTIONS.	POPULATION — Con.								
	NUMBER AT END OF THE FISCAL YEAR.			DAILY AVERAGE ATTENDANCE DURING YEAR.			AVERAGE NUMBER OF OFFICERS AND EMPLOYEES DURING THE YEAR.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Worcester State Hospital,	634	666	1,300	678.00	681.69	1,359.69	169	165	334
Taunton State Hospital,	597	506	1,103	556.11	478.07	1,034.18	139	131	270
Northampton State Hospital,	454	418	872	464.04	432.96	897.00	81	75	156
Danvers State Hospital,	610	802	1,412	622.67	829.03	1,451.70	163	119	282
Westborough State Hospital,	510	727	1,237	485.93	704.22	1,190.15	164	160	324
Boston State Hospital,	535	701	1,236	433.95	581.07	1,015.02	145	155	300
Worcester State Asylum,	546	604	1,150	558.18	622.90	1,181.08	152	129	281
Medfield State Asylum,	753	968	1,721	722.13	982.94	1,705.07	176	182	358
Gardner State Colony,	424	262	686	422.46	248.18	670.64	74	49	123
Monson State Hospital,	457	430	887	450.54	420.57	871.11	93	90	183
Foxborough State Hospital,	370	-	370	398.96	-	398.96	71	7	78
Massachusetts School for the Feeble-minded at Waltham,	861	580	1,441	853.00	577.00	1,430.00	80	181	261
Wrentham State School,	188	216	404	176.85	181.69	358.54	20	42	62
Totals,	6,939	6,880	13,819	6,822.82	6,740.32	13,563.14	1,527	1,485	3,012

TABLE 10. — *Statistical Form for State Institutions, etc. — Concluded.*

INSTITUTIONS.	EXPENDED.						New Buildings, Permanent Improvements, Land, etc.	Grand Totals.
	CURRENT EXPENSES.							
	Salaries and Wages.	Clothing.	Subsistence.	Ordinary Repairs.	Office, Domestic and Outdoor Expenses.	Total.		
Worcester State Hospital,	\$129,352 51	\$9,358 67	\$39,545 44	\$11,761 87	\$76,476 71	\$316,495 20	\$45,829 53	\$362,324 73
Taunton State Hospital,	108,454 06	7,131 20	55,322 35	13,795 84	70,184 42	254,887 87	26,825 61	281,713 48
Northampton State Hospital,	69,030 86	3,950 18	55,194 94	10,295 72	44,167 42	182,639 12	29,122 81	211,761 93
Danvers State Hospital,	143,692 23	8,598 47	72,225 66	35,655 75	84,576 70	344,748 81	-	344,748 81
Westborough State Hospital,	133,921 51	7,605 25	73,101 02	9,010 78	87,095 89	310,734 45	10,116 69	320,851 14
Boston State Hospital, ¹	138,417 85	8,946 19	71,027 61	14,764 19	72,776 68	305,932 52	535,210 16	841,142 68
Worcester State Asylum,	111,816 15	10,867 29	69,745 45	8,991 86	68,071 06	269,491 81	87,267 57	356,759 38
Medfield State Asylum,	139,367 94	16,680 60	96,788 22	13,507 89	84,711 26	351,065 91	7,828 36	358,894 27
Gardner State Colony,	53,987 84	5,497 29	25,247 97	10,519 22	38,227 16	133,479 48	19,277 73	152,757 21
Monson State Hospital,	87,303 47	6,030 74	54,254 48	10,198 55	62,578 50	220,365 74	14,690 89	235,056 63
Foxborough State Hospital,	37,774 23	3,474 72	23,165 84	5,812 15	31,273 06	101,500 00	633 50	102,133 50
Massachusetts School for the Feeble-minded at Waltham.	114,850 88	14,013 37	64,935 71	11,135 10	77,741 42	282,676 48	17,784 81	300,461 29
Wrentham State School,	31,957 13	3,148 73	15,532 28	4,610 85	21,903 64	77,152 63	52,295 08	129,447 71
Totals,	\$1,299,926 66	\$105,312 70	\$766,086 97	\$160,059 77	\$819,783 92	\$3,151,170 02	\$846,882 74	\$3,998,052 76

¹ Includes psychopathic department.

TABLE 11. — *Classes of Persons under Supervision, their Number and Location, Oct. 1, 1912, and their Increase for the Year.*

[See also page 11.]

	NUMBER.		INCREASE FOR THE YEAR.		NON-RES-IDENT.		EPILEP-TIC.		CRIMI-NAL.	OTHER CLASSES.								TOTAL INMATES.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	VOLUNTARY.				TEMPORARY CARE.		INEBRI-ATES.		Males.	Females.
										MENTAL.		NON-MENTAL.		Males.	Females.	Totals.	Males.	Females.	Totals.
										Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
A. — Insane: —																			
Public institutions: —																			
Worcester Hospital,	633	662	1,295	40 ¹	2 ¹	42 ¹	16	14	30	5	5	10	—	—	—	1	—	634	666
Taunton Hospital,	596	502	1,098	63	62	125	19	11	30	2	2	4	—	—	—	1	—	597	506
Northampton Hospital,	454	416	870	5	23 ¹	28 ¹	14	8	22	2	2	4	—	—	—	—	—	454	418
Danvers Hospital,	610	796	1,406	8 ¹	30 ¹	38 ¹	10	8	18	5	5	10	—	—	—	—	—	610	802
Westborough Hospital,	504	699	1,203	54	42	96	6	16	22	3	3	6	—	—	—	2	—	510	727
Boston Hospital,	525	694	1,219	174	182	356	—	—	—	4	8	12	—	—	—	—	—	535	701
Mental wards, State Infirmary,	297	521	818	19 ¹	4	23	20	23	43	3	—	3	—	—	—	10	6	207	521
Worcester Asylum,	546	604	1,150	22 ¹	17 ¹	39 ¹	74	37	111	17	21	38	—	—	—	—	—	546	604
Medfield Asylum,	753	968	1,721	44	53 ¹	97	56	38	94	7	12	19	—	—	—	—	—	753	968
Guardian Colony,	424	262	686	5 ¹	17	22	2	1	3	—	—	—	—	—	—	—	—	424	262
Monson Hospital,	176	176	352	26 ¹	6 ¹	32 ¹	176	176	352	—	—	—	—	—	—	—	—	176	176
Bridgewater Hospital,	779	779	1,558	35	—	35	—	—	—	281	254	535	—	—	—	—	—	457	430
Foxborough Hospital,	197	—	197	9 ¹	—	9 ¹	20	20	40	759	—	—	—	—	—	—	—	779	—
Totals,	6,404	6,300	12,704	246	171	417	6	433	333	803	61	864	—	—	—	14	6	6,876	6,605
Family care,	13	303	316	1 ¹	19	20	—	—	1	—	—	—	—	—	—	—	—	13	303
Totals, public, . . .	6,417	6,603	13,020	245	190	435	6	433	334	803	61	864	—	—	—	14	6	6,889	6,908
Private institutions: —																			
McLean Hospital,	94	123	217	5	3 ¹	8	—	—	—	—	—	—	—	—	—	—	—	96	125
Smaller institutions,	33	95	128	9	5	14	6	7	13	1	—	—	—	—	—	—	—	52	151
Totals, private,	127	218	345	14	2	16	35	36	71	1	2	3	—	—	—	1	2	148	276
Totals, public and private,	6,544	6,821	13,365	259	192	451	37	40	77	803	61	864	—	—	—	15	7	7,037	7,184

1 Decrease.

2 Includes 2 males, 24 females placed in family care by trustees.

TABLE 11. — *Classes of Persons under Supervision, etc. — Concluded.*

	NUMBER.			INCREASE FOR THE YEAR.			NON-RESIDENT.			EPILEPTIC.			SCHOOL.			CUSTODIAL.			OTHER CLASSES.			TOTAL INMATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
B. — Feeble-minded: —																								
School for the Feeble-minded at Waltham,	861	580	1,441	48	18	66	18	18	36	17	14	31	408	214	622	453	366	819	—	—	—	861	580	1,441
Wrentham School,	188	216	404	33	104	137	33	104	137	—	—	—	80	58	138	108	158	266	—	—	—	188	216	404
Hospital Cottages for Children,	9	21	30	3 ¹	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Elm Hill Institution,	40	12	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smaller private institutions,	8	16	24	2	3	5	29	9	38	4	2	6	20	10	30	20	2	22	48	26	74	57	47	104
Alms-houses and private families,	139	126	265 ²	5	30	35	—	—	—	—	—	—	3	3	6	5	5	10	—	—	—	8	8	16
State Infirmary,	42	79	121	10	43	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	139	126	265
Totals, feeble-minded,	1,287	1,042	2,329	95	200	295	47	27	74	21	16	37	512	292	804	594	545	1,139	48	26	74	1,335	1,068	2,403
C. — Inebriates: —																								
Foxborough Hospital,	173	—	173	6	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	—	35	35	4	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions, .	5	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, inebriates,	178	36	214	10	7	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D. — Epileptics: —																								
Monson Hospital,	457	430	887	10	26	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
State hospitals, .	86	58	144	19	2	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
State asylums,	172	99	271	16	2	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	17	14	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital Cottages for Children,	41	23	64	8 ¹	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Family care,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions, .	5	6	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals, epileptics,	778	631	1,409	37	19	56	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whole number of persons under supervision, Viz.: insane, feeble-minded, epileptic and inebriate,	8,372	8,252	16,624	402	433	835	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Voluntary mental patients (same),	8,331	8,176	16,507	392	423	815	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Temporary care,	6	23	29	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other classes,	15	7	22	10	4	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other classes,	20	46	66	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

¹ Decrease.² Figures taken from reports of overseers of poor, March 31, 1912.

TABLE 12. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1912.

[See also page 12.]

	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	Mental Wards, State Infirm- ary.	Worcester Asylum.	Medfield Asylum.	Gardner Colony.
Remaining Sept. 30, 1911,	1,337	973	893	1,444	1,107	863	743	1,189	1,730	674
Men,	673	533	449	618	450	351	226	568	709	429
Women,	664	440	444	826	657	512	517	621	1,021	245
Admitted within the year,										
Men,	579	617	410	698	703	871	129	45	255	80
Women,	305	341	242	365	331	406	50	16	159	36
By commitment,	274	276	168	333	372	465	79	29	96	44
Men,	486	520	334	505	494	651	65	-	-	-
Women,	252	286	199	261	256	296	42	-	-	-
By transfer,	234	234	135	244	238	355	23	-	-	-
From escape,	9	9	4	12	33	106	51	42	234	71
From escape,	5	13	10	26	37	15	-	1	1	4
Nominally for discharge,	9	1	1	2	2	2	-	1	2	-
Nominally for transfer,	70	74	61	153	136	97	13	1	18	5
	-	-	-	-	1	-	-	-	-	-
Whole number of cases within the year,	1,916	1,590	1,303	2,142	1,810	1,734	872	1,234	1,985	754
Dismissed within the year,										
Men,	621	492	433	736	607	515	144	84	264	68
Women,	345	278	237	373	277	232	69	38	115	41
Viz.: Discharged,	276	214	196	363	330	283	75	46	149	27
Men,	212	192	190	308	295	241	26	15	29	10
Women,	108	110	103	163	124	99	14	10	12	6
Recovered,	104	82	87	145	171	142	12	5	17	4
Men,	75	46	51	66	107	87	-	-	2	1
Women,	32	30	34	47	41	40	-	-	1	-
Capable of self-support,	43	16	17	19	66	47	-	-	1	1
Improved,	63	51	58	62	50	12	-	-	8	1
	23	75	50	122	70	85	15	4	8	5

Not improved,	46	19	28	55	68	52	11	10	11	3
Not insane,	5	1	3	3	—	5	—	—	—	—
Died,	142	172	93	168	140	145	89	48	119	11
Men,	86	87	61	88	80	73	43	18	42	6
Women,	56	85	32	80	60	72	46	30	77	5
Transferred,	137	37	77	120	32	19	15	9	98	35
On visit Sept. 30, 1912,	107	85	67	131	134	101	3	7	9	8
On escape Sept. 30, 1912,	23	6	6	9	6	9	11	5	9	4
Remaining Sept. 30, 1912,	1,295	1,098	870	1,406	1,203	1,219	728	1,150	1,721	686
Men,	633	596	454	610	504	525	207	546	753	424
Women,	662	502	416	796	699	694	521	604	968	262
Supported by the State,	1,031	933	660	1,138	883	1,058	722	1,108	1,665	677
Reimbursement,	116	76	93	146	100	69	6	42	56	9
Private,	148	89	117	122	220	92	—	—	—	—
Daily average number,	1,352.82	1,029.94	894.47	1,451.29	1,163.42	1,003.73	733.48	1,131.08	1,705.07	670.65
State,	1,086.65	854.81	686.04	1,181.11	857.48	861.61	718.94	1,137.19	1,625.41	663.08
Reimbursement,	120.03	83.64	85.64	144.22	84.57	60.72	14.54	43.89	79.66	7.57
Private,	146.14	91.49	122.79	125.96	221.37	81.40	—	—	—	—
Persons first admitted to any insane hospital,	384	424	271	397	376	540	56	—	—	—
Men,	197	235	162	212	200	246	36	—	—	—
Women,	187	189	109	185	176	294	20	—	—	—
Recent (insane less than one year),	193	240	179	233	227	277	25	—	—	—
Chronic (insane one year or more),	149	119	88	131	141	201	29	—	—	—
Unknown,	42	65	4	33	8	62	2	—	—	—
Persons admitted from the community,	481	517	333	505	491	649	65	—	—	—
Viz.: From cities and large towns,	380	357	258	425	352	642	58	—	—	—
From country districts,	101	160	75	80	139	7	7	—	—	—
Whole number of persons within the year,	1,835	1,508	1,238	1,983	1,660	1,633	857	1,233	1,966	749
Whole number of persons admitted within the year,	504	540	348	545	563	772	116	44	236	75
Whole number of persons dismissed within the year,	544	416	370	583	469	417	130	83	246	63

TABLE 12. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1912 — Concluded.

	Monson Hospital.	Bridgewater Hospital.	Foxborough Hospital.	Total Public Institutions.	Family Care.	Total Public.	McLean Hospital.	Smaller Institutions.	Total Private.	Total Public and Private.
Remainder Sept. 30, 1911, Men,	384	744	206	12,287	298	12,585	215	114	329	12,914
Women,	202	744	206	6,158	14	6,172	89	24	113	6,285
Admitted within the year, Men,	182	-	-	6,129	284	6,413	126	90	216	6,629
Women,	65	102	20	4,574	81	4,655	175	163	338	4,993
By commitment, Men,	37	102	20	2,410	5	2,415	87	63	150	2,565
Women,	28	-	-	2,164	76	2,240	88	100	188	2,428
Men,	46	88	-	3,189	-	3,189	143	143	286	3,475
Women,	24	88	-	1,704	-	1,704	71	56	127	1,831
By transfer, Men,	22	5	19	1,485	81	1,565	72	87	159	1,644
Women,	7	5	1	602	-	683	13	17	30	713
From visit, Men,	3	1	1	117	-	117	4	4	1	121
Women,	1	8	-	21	-	21	1	-	1	22
From escape, Men,	8	-	-	644	-	644	14	3	17	661
Women,	-	-	-	1	-	1	-	-	-	1
Nominally for discharge, Men,	-	-	-	-	-	-	-	-	-	-
Women,	-	-	-	-	-	-	-	-	-	-
Nominally for transfer, Men,	-	-	-	-	-	-	-	-	-	-
Women,	-	-	-	-	-	-	-	-	-	-
Whole number of cases within the year, Men,	449	846	226	16,801	379	17,240	390	277	667	17,907
Women,	97	67	29	4,157	63	4,220	173	149	322	4,542
Dismissed within the year, Men,	63	67	29	2,164	6	2,170	82	54	136	2,306
Women,	34	-	-	1,993	57	2,050	91	95	186	2,236
Viz.: Discharged, Men,	16	39	1	1,574	6	1,580	121	117	238	1,818
Women,	7	39	1	796	2	798	52	42	94	892
Recovered, Men,	9	19	-	778	-	782	69	75	144	926
Women,	-	19	-	454	-	454	40	30	70	524
From escape, Men,	-	19	-	244	-	244	14	8	22	266
Women,	-	7	-	210	-	210	26	22	48	258
Capable of self-support, Men,	-	7	-	313	5	318	22	3	25	343
Women,	15	4	1	477	1	478	32	44	76	554

Not improved,	1	4	308	-	308	27	40	67	375
Not insane,	-	5	22	-	22	-	-	-	22
Died,	25	20	1,192	2	1,194	14	10	24	1,218
Men,	11	20	635	-	635	9	4	13	648
Women,	14	-	557	-	559	5	6	11	570
Transferred,	45	4	629	51	680	17	16	33	713
On visit Sept. 30, 1912,	11	7	674	2	676	21	4	25	701
On escape Sept. 30, 1912,	-	-	88	2	90	-	2	2	92
Remaining Sept. 30, 1912,	352	779	12,704	316	13,020	217	128	345	13,365
Men,	176	779	6,404	13	6,417	94	33	127	6,544
Women,	176	-	6,300	303	6,603	123	95	218	6,821
Supported by the State,	328	775	11,169	266	11,435	-	-	-	11,435
Reimbursing,	17	4	740	17	757	-	-	-	757
Private,	7	-	795	331	828	217	128	345	1,173
Daily average number,	374.63	702.40	12,533.31	293.23	12,826.54	218.47	120.28	338.75	13,165.29
State,	358.07	758.80	10,989.65	249.27	11,238.92	-	-	-	11,238.92
Reimbursing,	9.55	3.60	747.50	12.55	760.05	-	-	-	760.05
Private,	7.01	-	796.16	31.41	827.57	218.47	120.28	338.75	1,166.32
Persons first admitted to any insane hospital,	43	71	2,562	-	2,562	98	112	210	2,772
Men,	23	71	1,382	-	1,382	46	45	91	1,473
Women,	20	-	1,180	-	1,180	52	67	119	1,299
Recent (insane less than one year),	-	20	1,394	-	1,394	69	81	150	1,544
Chronic (insane one year or more),	14	48	920	-	920	29	30	59	979
Unknown,	29	3	248	-	248	-	1	1	249
Persons admitted from the community,	46	88	3,160	-	3,160	140	143	273	3,416
Viz.: From cities and large towns,	37	68	2,562	-	2,562	105	123	220	2,770
From country districts,	9	20	598	-	598	35	20	53	646
Whole number of persons within the year,	441	837	15,610	365	15,851	366	267	611	16,403
Whole number of persons admitted within the year,	57	94	3,299	80	3,299	158	156	377	3,559
Whole number of persons dismissed within the year,	89	59	2,874	62	2,886	157	145	267	3,145

¹ Includes 16 self-supporting and 5 living with friends without public aid.

TABLE 13. — *Forms of Mental Diseases in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital.*

[See also page 285.]

	COMMITMENTS.								DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT.							
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	Worcester Hospital.	Taunton Hospital.		Northampton Hospital.		Danvers Hospital.	
											Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
First admitted to any hospital: —																
A. — Most curable: —																
Acute hallucinosis.	3	23	44	48	73	55	52	4	3	3	16	9	10	9	9	3
Manic-depressive insanity.	47	—	—	—	—	—	—	—	346	—	—	—	—	—	—	—
Allied to manic-depressive insanity.	—	—	—	—	—	5	—	2	5	—	—	—	—	—	—	—
Melancholia, acute.	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—
Confusional insanity, acute.	3	2	—	3	4	13	—	—	23	3	1	—	—	—	—	1
Hysterical insanity.	—	—	—	—	3	15	—	1	4	—	—	—	—	—	—	—
Neurasthenia.	—	11	—	—	3	3	—	—	29	2	2	1	—	—	—	—
Exhaustion psychosis.	18	13	31	49	25	29	2	4	171	24	14	1	23	1	27	10
Alcoholic insanity, acute.	5	3	—	5	—	8	5	1	27	3	—	—	—	—	2	—
Toxic insanity, acute.	2	4	6	2	—	—	4	—	14	5	1	—	—	—	1	—
Delirium, acute.	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—
Psychosis with somatic disease.	—	—	—	—	—	—	4	—	4	—	—	—	—	—	—	—
Total A.	78	56	81	107	108	125	63	12	630	56	22	9	33	10	39	14

TABLE 13. — *Forms of Mental Diseases in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital* — Continued.

	COMMITMENTS.								DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT.								
									WORCESTER HOSPITAL.		TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.		
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other institutions.	Total Commitments.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
Other admissions: —																	
A. — Most curable: —																	
Manic-depressive insanity.	30	25	17	44	42	47	29	2	236	16	3	5	2	6	3	10	3
Allied to manic-depressive insanity,	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Confusional insanity, acute,	—	—	—	—	—	2	—	—	3	—	—	—	—	—	—	—	—
Hysterical insanity,	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Neurasthenia,	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
Exhaustion psychosis,	—	—	—	—	8	10	1	1	29	2	—	1	4	4	1	4	1
Alcoholic insanity, acute,	1	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Toxic insanity, acute,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total A,	31	28	22	44	51	61	30	4	271	18	3	7	6	10	4	15	3

[illegible]

TABLE 13. — *Forms of Mental Diseases in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital — Concluded.*

	DISCHARGES, RECOVERIES AND CAPABLE OF SELF-SUPPORT — Concluded.								TOTAL DISCHARGES.					Died.	Aggregate Discharges and Deaths.
	WESTBOROUGH HOSPITAL.		BOSTON HOSPITAL.		MCLEAN HOSPITAL.		OTHER INSTITUTIONS.		Recovered.	Capable of Self- support.	Improved.	Not Improved.	Total Dis- charges.		
	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.	Recovered.	Capable of Self- support.							
Other admissions: —	26	6	20	—	12	3	2	3	97	23	39	17	176	30	206
A. — Most curable: —	—	—	1	—	—	—	—	—	1	—	—	—	1	—	1
Manic-depressive insanity, in- sane, Allied to manic-depressive in- sane,	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Confusional insanity, acute,	—	—	2	—	—	—	—	—	2	—	1	—	2	—	2
Hysterical insanity,	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Neurasthenia,	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Exhaustion psychosis,	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Alcoholic insanity, acute,	5	1	5	—	—	—	2	—	23	6	2	—	31	1	32
Toxic insanity, acute,	—	—	1	—	—	1	—	—	2	1	—	1	4	—	4
Total A,	31	7	29	—	12	4	4	3	126	30	43	18	217	31	248

TABLE 14. — *Probable Causes of Mental Disease in Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

[See also page 283.]

	First admitted.	PREDISPOSING CAUSES.		
		Hereditary Tendency.	Neurotic Tendency.	Alcoholic Intemper- ance.
A. — Physical: —				
Adolescence,	6	1		1
Adolescence and other causes,	3		2	
Alcoholic intemperance,	371	20	24	303
Alcoholic intemperance and other causes.	27	4	2	17
Anæmia, pernicious,	4		1	
Apoplexy,	5		1	
Arteriosclerosis,	97	5	13	6
Arteriosclerosis and other causes,	43	5	7	1
Brain tumor,	1			
Bulbar paralysis,	1			
Carcinoma, . . .	1	1		
Cerebral hemorrhage,	32	4	4	1
Cerebral hemorrhage and other causes,	4	1		
Cerebral shock,	1			
Cerebral tumor,	2			
Childbearing,	33	10	4	
Childbearing and other causes,	2	1	1	
Chorea,	1	1		
Coarse brain lesions,	3	1	1	1
Congenital, . . .	193	33	16	8
Congenital and other causes,	1			
Cretinism,	1			
Deprivation,	1		1	
Dissipation,	4		1	
Drug habit,	27	3	4	1
Encephalitis,	9	3		
Epilepsy,	44	5	5	4
Goitre,	3	2		
Heredity,	159	137	32	5
Heredity and other causes,	18	18	2	6
Infectious disease,	2			
Involution, . . .	14	3	2	3

TABLE 14. — *Probable Causes of Mental Disease in Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital — Concluded.*

	First admitted.	PREDISPOSING CAUSES.		
		Hereditary Tendency.	Neurotic Tendency.	Alcoholic Intemper- ance.
A. — Physical — <i>Con.</i>				
Involution and other causes,	1			
Masturbation,	1			
Meningitis,	2		1	
Menopause,	18	1		
Myxædema,	1			
Nephritis,	1			
Operation,	6	1		
Organic heart disease,	1		—	
Parturition,	2		—	
Pellagra,	1			
Pneumonia,	2			1
Rachitis,	1			
Senility,	216	17	7	8
Senility and other causes,	9		1	
Somatic disease,	48	7	11	
Syphilis,	166	12	23	8
Syphilis and other causes, .	1		—	
Trauma,	20	2	4	3
Tuberculosis,	11	1		1
Typhoid fever,	2			
Whooping cough,	1			
Total physical,	1,634	299	170	383
B. — Mental: —				
Disappointment in love,	1	—		
Domestic and financial trouble,	5	5		
Fright,	3	—		
Grief,	10	2	2	
Overwork and other causes,	31	15	12	1
Worry and other causes,	92	9	23	
Total mental,	142	31	37	1
Totals,	1,776	330	207	384
Unknown,	877	145	65	6
Not insane,	7	—		
Totals,	2,660	475	272	390

TABLE 15. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital.*

[See also page 17.]

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.				ALL OTHER ADMISSIONS.			
	DURATION BEFORE ADMISSION.		HOSPITAL RESIDENCE.		WHOLE DURATION.		WHOLE KNOWN PERIOD OF MENTAL DISEASE.	
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.
A. — Recovered: —								
Under 1 month,	112	60	172	32	12	44	1	1
From 1 to 3 months,	44	42	86	86	64	150	2	4
3 to 6 months,	12	21	33	40	38	78	10	15
6 to 12 months,	12	15	27	23	21	44	21	20
1 to 2 years,	6	7	13	11	11	22	9	21
2 to 5 years,	4	6	10	3	11	14	10	15
5 to 10 years,	—	2	2	1	1	2	1	3
10 to 20 years,	2	1	3	1	—	1	2	1
Over 20 years,	1	—	1	—	—	—	—	—
Totals,	193	154	347	197	158	355	56	78
Unknown,	4	4	8	—	—	—	5	—
Totals,	197	158	355	197	158	355	61	78
Average of known cases (in months),	5.42	5.27	5.35	5.87	5.46	5.69	20.23	19.58
				12.34	13.00	12.63	14.93	17.56

B.—Died:—	9	9	18	—	—	6	4	10	3	—	3	—	—	—
Congenital,														—
Under 1 month,	65	54	119	106	64	170	11	21	2	—	2	2	4	6
From 1 to 3 months,	80	57	137	74	55	129	40	61	—	1	1	4	2	6
3 to 6 months,	59	47	106	51	29	80	21	55	1	1	2	5	2	7
6 to 12 months,	75	43	118	66	48	114	59	95	5	3	8	8	3	11
1 to 2 years,	82	48	130	78	45	123	95	139	5	7	12	8	9	17
2 to 5 years,	70	73	143	80	74	154	115	207	14	9	23	15	20	35
5 to 10 years,	25	32	57	35	60	95	49	117	15	22	37	17	30	47
10 to 20 years,	14	19	33	41	44	85	57	116	15	33	48	19	27	46
Over 20 years,	16	15	31	14	19	33	30	71	28	33	61	18	26	44
Totals,	495	397	892	545	438	983	495	892	88	109	197	96	123	219
Unknown,	50	41	91	—	—	—	50	91	11	15	26	3	1	4
Totals,	545	438	983	545	438	983	545	983	99	124	223	99	124	223
Average of known cases (in months),	32.16	43.29	37.11	35.18	57.03	44.92	65.27	75.99	184.30	191.63	188.36	146.47	135.85	140.50

India,	161	316	345	1	—	352	—	1	698	—	700	7	1	6,307	4
Ireland,	33	41	39	20	—	23	—	53	64	—	61	3,439	371	6,290	6,290
Italy,	—	—	—	—	—	—	—	—	—	—	—	372	53	397	397
Lithuania,	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1
Macedonia,	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2
Madeira Islands,	2	1	1	—	—	—	—	—	1	—	1	2	1	1	1
Malta, Isle of,	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Mexico,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Netherlands,	2	—	—	—	—	—	—	2	3	—	3	9	2	19	17
New Brunswick,	3	6	2	2	—	3	—	5	9	—	5	57	5	45	47
New Zealand,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Newfoundland,	2	—	3	3	—	1	—	5	3	—	6	45	5	43	47
Norway,	5	4	4	8	—	7	—	5	4	—	4	51	5	62	56
Nova Scotia,	4	4	4	3	—	4	—	5	4	—	12	92	12	77	84
Poland,	8	8	8	3	—	4	—	6	11	—	12	119	11	113	112
Portugal,	4	2	2	2	—	5	—	6	7	—	7	40	11	40	36
Prince Edward Island,	2	—	—	2	—	1	—	4	2	—	3	18	4	17	20
Prussia,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Roumania,	69	69	73	40	—	45	—	109	114	—	117	2	—	3	2
Russia,	—	—	—	—	—	—	—	—	—	—	—	589	—	623	620
Sandwich Islands,	12	21	20	10	—	22	—	22	43	—	44	1	—	456	1
Scotland,	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2
Scilly,	1	1	1	—	—	—	—	—	1	—	1	—	1	1	1
Society Islands,	—	—	—	—	—	—	—	—	—	—	—	4	—	3	2
South America,	2	2	—	—	—	—	—	2	2	—	3	11	16	13	13
Spain,	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
St. Helena,	20	26	25	27	1	28	—	47	54	—	53	356	1	407	397
Sweden,	4	4	4	—	—	—	—	4	4	—	4	16	23	23	23
Switzerland,	2	2	2	1	—	1	—	3	3	—	2	27	24	23	23
Syria,	2	8	9	1	—	1	—	12	9	—	10	51	3	48	51
Turkey,	10	2	1	2	—	1	—	3	3	—	3	14	14	18	19
Wales,	2	2	2	1	—	1	—	3	3	—	6	40	7	41	38
West Indies,	—	1	2	5	—	5	—	7	6	—	6	—	—	—	—
Total foreign,	619	919	906	550	—	764	754	1,169	1,683	1,660	1,660	9,676	13,619	13,456	13,456
Unknown,	10	80	81	17	—	101	97	27	181	178	206	206	1,502	1,548	1,548
	1,428	1,428	1,428	1,232	—	1,232	1,232	2,660	2,660	2,660	2,660	21,874	21,874	21,874	21,874

TABLE 17. — *Civil Condition of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

CIVIL CONDITION.	1912.			NINE YEARS, 1904-12.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Unmarried,	679	467	1,146	5,438	3,951	9,389
Married,	577	513	1,090	4,760	4,054	8,814
Widowed,	145	224	369	1,240	1,959	3,199
Divorced,	15	21	36	128	158	286
Unknown, .	12	7	19	132	54	186
Totals,	1,428	1,232	2,660	11,698	10,176	21,874

TABLE 18. — *Occupations of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

OCCUPATIONS.	1912.			NINE YEARS, 1904-12.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Educated or professional, .	32	40	72	432	349	781
Domestic, .	17	182	199	157	1,639	1,796
Farmers,	57	-	57	523	-	523
Housekeepers,	-	543	543	-	4,257	4,257
Laborers,	264	-	264	2,463	-	2,463
Mechanical,	322	2	324	2,388	22	2,410
Operatives,	131	85	216	1,068	737	1,805
Traders,	85	15	100	1,178	215	1,393
Miscellaneous,	354	109	463	1,892	527	2,419
Totals,	1,262	976	2,238	10,101	7,746	17,847
No occupation, .	149	247	396	1,437	2,257	3,694
Unknown, .	17	9	26	160	173	333
Totals,	1,428	1,232	2,660	11,698	10,176	21,874

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital.*

[See also page 14.]

INSTITUTIONS.	INSANE COMMITMENTS.			FIRST CASES OF INSANITY — PERCENTAGES.									
	All.	First to Any Hospital.	PERCENTAGE OF FIRST CASES OF INSANITY.	PATIENTS.				NATIVITY.				FATHERS, NATIVE.	Average Three Years, 1910-12.
				MASSACHUSETTS.		NATIVE.		MOTHERS, NATIVE.		NATIVE.			
				1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.		
Worcester Hospital,	486	384	79.01	81.16	32.71	31.60	50.27	47.26	29.71	27.58	29.55	25.60	
Taunton Hospital,	520	424	81.54	81.13	39.42	41.83	50.36	54.14	34.26	35.74	33.08	34.51	
Northampton Hospital,	334	271	81.14	79.97	35.56	37.99	57.78	57.53	35.50	36.17	35.88	35.45	
Danvers Hospital,	505	397	78.61	80.44	30.34	39.19	55.58	54.57	30.73	33.26	27.96	33.05	
Westborough Hospital,	494	376	76.11	76.24	46.54	44.39	63.83	62.98	41.60	41.75	41.88	41.17	
Boston Hospital,	651	540	82.95	82.16	39.96	38.60	54.83	51.84	26.02	23.69	24.59	22.39	
Mental wards, State Infirmary,	65	56	86.15	87.91	10.71	19.04	28.57	33.95	9.43	18.04	11.32	17.83	
Bridgewater Hospital,	88	71	80.68	84.61	25.35	31.25	43.66	48.49	22.54	21.95	25.71	24.68	
Other public institutions, . .	46	43	93.48	95.45	69.77	78.49	76.74	85.18	33.33	36.54	26.19	37.83	
Totals and averages, public,	3,189	2,562	80.34	80.81	38.66	38.76	54.67	54.24	31.66	32.03	30.80	31.21	
McLean Hospital,	143	98	68.53	69.74	47.96	52.91	79.59	81.55	69.07	68.51	64.58	66.18	
Totals and averages, public and McLean,	3,332	2,660	79.83	80.30	39.00	39.35	55.60	55.35	33.12	33.56	32.11	32.67	

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.											
COMMITTED FROM —				AGE.		DURATION PRIOR TO COMMITMENT.					
CITIES AND TOWNS OVER 10,000, 74 PER CENT. OF STATE POPULATION.		COUNTRY DIS- TRICTS, 26 PER CENT. OF STATE POPULATION.		60 YEARS OR OVER.		AVERAGE AGE.		1 YEAR OR MORE.		UNDER 1 YEAR.	
1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.
Worcester Hospital,	79.17	82.02	20.83	17.98	21.21	19.46	45.95	43.22	43.57	56.43	56.98
Taunton Hospital,	68.63	67.83	31.37	32.17	23.41	25.00	39.10	43.50	33.15	66.85	63.61
Northampton Hospital,	76.01	77.44	23.99	22.56	21.77	22.22	43.70	43.60	32.96	67.04	60.90
Danvers Hospital,	83.88	85.65	16.12	14.35	19.75	18.26	37.20	41.51	35.99	64.01	60.63
Westborough Hospital,	72.61	72.46	27.39	27.54	19.95	19.39	43.96	43.12	38.32	61.68	66.49
Boston Hospital,	98.89	99.23	1.11	0.77	19.48	21.61	43.66	44.93	42.05	57.95	60.07
Mental wards, State Infirmary,	92.86	87.44	7.14	12.56	25.00	18.13	42.60	40.07	53.70	46.30	51.49
Bridgewater Hospital,	77.46	78.41	22.54	21.59	8.82	6.70	38.50	36.33	70.59	29.41	35.23
Other public institutions,	79.07	65.79	20.93	34.21	—	2.19	24.00	19.81	100.00	—	—
Totals and averages, public,	81.26	81.08	18.71	18.92	20.70	19.73	41.81	42.41	39.76	60.24	60.31
McLean Hospital,	76.53	75.06	23.47	21.94	16.33	15.22	43.78	43.85	29.59	70.41	69.22
Totals and averages, public and McLean,	81.09	80.84	18.91	19.16	20.54	19.55	41.88	42.49	39.34	60.66	60.72

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.											
	DURATION PRIOR TO COMMITMENT — CON.				CAUSES ASSIGNED BY HOSPITAL PHYSICIANS.							
	UNDER 6 MONTHS.		UNDER 3 MONTHS.		CONGENITAL.		HEREDITY.		HEREDITY AND OTHER CAUSES.			
	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.		
Worcester Hospital,	43.57	46.86	31.58	35.99	10.42	15.72	13.28	10.67	10.42	13.63	23.70	24.30
Taunton Hospital,	58.77	55.75	49.86	45.83	4.25	16.80	10.38	9.11	5.66	5.99	16.04	15.10
Northampton Hospital,	58.05	50.28	44.94	39.51	34.32	23.47	11.44	13.30	6.27	10.67	17.71	23.97
Danvers Hospital,	51.92	45.11	36.81	31.04	1.51	5.57	12.85	12.80	2.52	6.81	15.37	19.64
Westborough Hospital,	53.53	58.48	39.95	42.28	5.85	5.58	—	3.05	11.63	16.52	14.63	19.57
Boston Hospital,	47.49	48.60	36.61	37.25	1.67	1.94	—	—	18.89	12.19	18.89	12.19
Mental wards, State Infirmary,	44.44	42.93	7.41	19.68	12.50	11.06	—	—	12.50	18.97	12.50	18.97
Bridgewater Hospital,	17.65	23.14	10.29	14.15	5.63	8.43	—	—	5.63	10.71	5.63	10.71
Other public institutions,	—	—	—	—	—	—	—	—	25.58	14.05	25.58	14.05
Totals and averages, public,	50.30	49.66	37.77	38.08	7.77	8.93	6.91	7.34	10.54	11.51	17.45	18.85
McLean Hospital,	55.10	54.66	39.80	38.93	—	—	—	—	51.02	47.10	51.02	47.10
Totals and averages, public and McLean,	50.50	49.89	37.85	38.12	7.48	8.57	6.65	7.04	12.03	12.94	18.68	19.98

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY — PERCENTAGES — CON.											
FORMS OF MENTAL DISEASE.											
PERSONS TO FIRST CASES.											
INSTITUTIONS.	CURABLE.			GENERALLY INCURABLE.						RECOVERIES TO FIRST RECOVERIES.	
	A.			B.		C.		B and C.		CURABLE.	
	1912.	Average Three Years, 1910-12.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.
Worcester Hospital,	20.31	19.98	47.02	38.28	32.43	78.65	79.45	98.25	96.05	1.75	3.96
Taunton Hospital,	13.21	15.92	42.76	33.73	34.81	80.19	77.57	59.46	78.27	40.54	21.73
Northampton Hospital,	29.89	25.68	31.66	40.22	42.42	69.37	74.08	84.62	87.71	15.38	12.29
Danvers Hospital,	26.95	21.74	27.46	37.03	35.96	64.49	68.21	79.59	79.51	12.24	6.23
Westborough Hospital,	28.72	28.57	34.04	32.18	31.61	66.22	67.60	70.42	70.64	29.58	28.93
Boston Hospital,	23.15	28.24	36.48	32.78	34.91	69.26	66.44	86.21	93.48	10.34	4.09
Mental wards, State Infirmary,	7.14	10.31	35.72	57.14	52.57	92.86	89.70	-	66.67	-	-
Bridgewater Hospital,	11.27	13.08	60.56	16.90	25.09	77.46	82.44	92.86	92.07	7.14	2.38
Other public institutions,	-	-	-	100.00	100.00	100.00	100.00	33.33	44.44	66.67	22.22
Totals and averages, public,	22.13	21.88	36.22	36.34	36.09	72.56	73.62	80.49	83.32	17.68	10.55
McLean Hospital,	64.29	56.02	17.35	10.20	17.15	27.55	32.71	96.30	89.69	-	1.15
Totals and averages, public and McLean,	23.68	23.25	35.53	35.38	35.35	70.91	71.99	81.69	83.82	16.34	13.11

TABLE 19. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Concluded.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.							
	FORMS OF MENTAL DISEASE — CON.							
	COARSE BRAIN LESIONS.		EPILEPTIC INSANITY.		IMBECILITY.		SENILE INSANITY.	
	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.	1912.	Average Three Years, 1910-12.
Worcester Hospital,	4 95	4 62	2 34	1 53	4 17	3 20	16 93	11 92
Taunton Hospital,	5 19	6 29	3 54	2 57	3 77	4 13	14 86	15 84
Northampton Hospital,	6 64	8 19	1 48	2 61	12 18	10 39	17 34	17 25
Danvers Hospital,	7 81	10 68	2 27	1 96	6 05	6 76	9 32	5 85
Westborough Hospital,	5 59	8 72	2 13	1 39	6 38	5 68	11 17	10 00
Boston Hospital,	6 67	3 63	1 11	1 24	2 78	2 50	9 81	15 78
Mental wards, State Infirmary,	7 14	8 49	-	-	12 50	19 35	21 43	14 25
Bridgewater Hospital,	-	2 24	1 41	2 55	5 63	8 14	-	4 40
Other public institutions,	-	-	100 00	100 00	-	-	-	-
Totals and averages, public,	5 89	6 79	3 71	3 61	5 43	5 58	12 45	11 68
McLean Hospital,	5 10	8 09	1 02	0 94	-	-	-	0 61
Totals and averages, public and McLean,	5 86	6 85	3 61	3 44	5 23	5 36	11 99	11 24

TABLE 20. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital.*

[See also page 266.]

INSTITUTIONS.	Number.	PERCENTAGE OF ALL RECOVERIES OF INSANE ON —						FIRST CASES OF INSANITY.		
		COMMITMENTS.		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		RECOVERIES.		PERCENTAGE OF FIRST CASES.
		1912.	Average Five Years, 1907-11.	1912.	Average Five Years, 1907-11.	1912.	Average Five Years, 1907-11.	Number.	1912.	
Worcester Hospital,	75	15.43	12.80	4.09	3.79	5.54	5.38	57	14.84	10.73
Taunton Hospital,	46	8.85	11.89	3.05	3.56	4.47	5.21	37	8.73	10.65
Northampton Hospital,	51	15.27	11.14	4.12	3.07	5.70	4.20	39	14.39	11.71
Danvers Hospital,	66	13.07	10.04	3.33	3.06	4.55	4.40	49	12.34	8.46
Westborough Hospital,	107	21.66	20.77	6.45	6.62	9.20	9.90	71	18.88	19.88
Boston Hospital,	87	13.36	11.16	5.32	3.54	8.67	5.37	58	10.74	9.74
Mental wards, State Infirmary,	-	-	3.79	-	0.41	-	0.51	-	-	2.90
Bridgewater Hospital,	19	21.59	10.31	2.27	1.53	2.49	1.72	14	19.72	10.11
Other public institutions,	3	6.52	3.64	0.07	0.03	0.07	0.04	3	6.98	2.01
Totals and averages, public,	454	14.24	12.29	2.91	2.61	3.62	3.27	328	12.80	11.16
McLean Hospital,	40	27.97	24.22	10.93	8.43	18.31	18.28	27	27.55	22.68
Totals and averages, public and McLean,	494	14.83	12.90	3.10	2.82	3.87	3.56	355	13.35	11.67

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital.*

[See also pages 19 and 206.]

INSTITUTIONS.	Number of Deaths.	PERCENTAGE OF DEATHS ON —					
		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		DISCHARGES AND DEATHS.	
		1912.	Average Four Years, 1909-12.	1912.	Average Four Years, 1909-12.	1912.	Average Four Years, 1909-12.
The insane: —							
State hospitals: —							
Worcester,	142	7.73	8.86	10.50	12.26	40.11	43.24
Taunton,	172	11.41	9.05	16.70	14.41	47.25	44.33
Northampton,	93	7.51	7.28	10.40	10.03	32.86	38.35
Danvers,	168	8.47	9.55	11.58	13.32	35.29	48.01
Westborough,	140	8.43	7.68	12.03	11.35	32.18	31.36
Boston,	145	8.88	10.87	14.45	16.75	37.56	44.60
Totals and averages,	860	8.78	9.10	12.47	13.00	37.42	41.71
State asylums: —							
Worcester,	48	3.89	4.38	4.06	4.76	76.19	78.28
Medfield,	119	6.05	5.01	6.98	5.50	80.41	85.26
Gardner Colony,	11	1.47	1.97	1.64	2.22	52.38	57.71
Totals and averages,	178	4.55	4.27	5.00	4.66	76.72	80.49
Hospitals and asylums,	1,038	7.76	7.92	9.93	10.13	41.03	45.14
Miscellaneous: —							
Mental wards, State Infirmary,	89	10.39	10.32	12.13	12.49	77.39	71.62
Bridgewater Hospital,	20	2.39	2.70	2.62	3.06	33.90	32.12
Monson Hospital,	25	5.67	6.71	6.67	7.71	60.98	71.73
Foxborough Hospital,	20	8.85	9.44	9.51	10.50	95.24	81.03
Totals and averages, public,	1,192	7.64	7.87	9.51	9.76	43.09	46.89
McLean Hospital,	14	3.83	5.69	6.41	9.77	10.37	15.04
Totals and averages public, and McLean,	1,206	7.56	7.84	9.46	9.80	41.57	45.19

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital* — Continued.

INSTITUTIONS.	PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN MENTAL DISEASES.						
	Curable Forms (Group A.)	Average Three Years, 1910-12.	Senile Insanity.	Average Three Years, 1910-12.	General Paralysis.	Average Three Years, 1910-12.	Coarse Brain Lesions.
The insane: —							
State hospitals: —							
Worcester,	11.27	11.51	23.94	23.34	24.65	27.57	7.04
Taunton,	5.23	8.00	26.74	28.51	15.70	18.23	11.63
Northampton,	9.08	7.97	41.94	43.62	7.53	10.92	10.75
Danvers,	5.95	10.40	14.29	11.72	23.81	23.31	19.64
Westborough,	5.00	8.66	22.86	25.36	20.00	18.42	16.43
Boston,	9.66	14.26	24.83	36.00	17.93	20.98	14.48
Totals and averages,	7.56	10.27	24.53	26.17	18.95	20.72	14.62
State asylums: —							
Worcester,	6.25	5.03	8.33	12.00	2.08	3.49	5.44
Medfield,	5.04	4.53	—	—	—	2.21	3.19
Gardner Colony,	—	3.03	—	—	—	2.03	3.03
Totals and averages,	5.06	4.49	2.25	4.20	0.56	2.77	3.89
Hospitals and asylums,	7.13	9.38	20.71	22.71	15.80	17.90	14.05
Miscellaneous: —							
Mental wards, State Infirmary,	2.25	8.46	12.36	21.43	7.87	7.77	2.25
Bridgewater Hospital,	5.00	4.85	15.00	11.51	5.00	17.88	10.00
Monson Hospital,	—	—	—	—	—	—	—
Foxborough Hospital,	—	6.72	40.00	33.41	5.00	6.43	15.00
Totals and averages, public,	6.46	8.94	19.88	22.09	14.51	16.56	13.90
McLean Hospital,	14.29	25.96	—	7.70	21.43	15.02	19.71
Totals and averages, public and McLean,	6.55	9.19	19.65	21.87	14.59	16.53	13.99

TABLE 21. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Concluded.*

PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN PHYSICAL DISEASES.										
INSTITUTIONS.										
Tuber- culosis.	Average Three Years, 1910-12.	Pneu- monia.	Average Three Years, 1910-12.	Organic Cardiac Disease.	Average Three Years, 1910-12.	Organic Renal Disease.	Average Three Years, 1910-12.	Malignant Tumors.	Average Three Years, 1910-12.	
The insane: —										
State hospitals: —										
Worcester,	3 52	4 07	11 97	15 49	11 97	9 41	7 04	1 41	1 87	
Taunton,	9 88	6 83	24 42	26 89	18 60	11 51	4 65	2 33	1 24	
Northampton,	12 90	8 24	1 03	2 88	7 53	11 88	1 08	4 36	4 72	
Danvers,	8 33	7 95	19 64	21 27	25 00	17 07	4 17	3 82	1 19	
Westborough,	11 43	7 96	17 14	20 65	7 86	8 91	3 57	2 86	3 09	
Boston,	12 41	7 09	28 23	27 47	12 41	10 86	7 59	4 82	1 38	
Totals and averages,	9 53	6 95	18 37	20 15	14 77	11 90	4 88	1 98	1 92	
State asylums: —										
Worcester,	18 75	19 85	10 42	20 78	22 92	17 01	6 25	8 33	6 78	
Medfield,	20 17	18 89	3 36	3 93	24 37	22 92	—	1 68	2 50	
Gardner Colony,	36 36	28 41	—	2 03	18 18	15 34	9 09	9 09	3 03	
Totals and averages,	20 79	20 08	5 06	9 67	23 60	20 15	2 25	3 93	3 90	
Hospitals and asylums,	11 46	9 00	16 09	18 43	16 28	13 39	4 43	2 31	2 22	
Miscellaneous: —										
Mental wards, State Infirmary,	16 85	19 74	—	3 03	11 24	9 81	12 36	—	1 57	
Bridgewater Hospital,	10 00	11 06	5 00	1 67	30 00	21 06	—	—	—	
Monson Hospital,	16 00	18 46	28 00	16 62	—	4 86	—	—	—	
Foxborough Hospital,	15 00	8 17	10 00	13 98	50 00	41 13	10 00	5 00	5 59	
Totals and averages, public,	12 00	10 03	14 85	16 92	16 36	13 53	4 95	2 10	2 14	
McLean Hospital,	—	—	7 14	14 43	14 29	13 91	—	—	1 45	
Totals and averages, public and McLean,	11 86	9 89	14 76	16 89	16 33	13 54	4 89	2 07	2 12	

MEMBERS OF THE STATE BOARD OF INSANITY.

Date of Original Appointment.	NAME.	Residence.	Term expires.	RETIRED.	
				Date.	Reason.
September, 1898,	<i>George F. Jelly, M.D.,</i>	Boston,	—	December, 1910	Resigned.
September, 1898,	<i>Herbert B. Howard, M.D.,</i>	Boston,	—	January, 1902	Resigned.
September, 1898,	<i>Charles R. Codman,</i>	Barnstable,	—	September, 1906	Term expired.
September, 1898,	<i>Edward S. Bradford,</i>	Springfield,	—	February, 1900	Resigned.
September, 1898,	<i>Francis B. Gardner,</i>	Brockton,	—	February, 1902	Resigned.
February, 1900,	<i>Albert L. Harwood,</i>	Newton Center,	—	September, 1905	Term expired.
January, 1902,	<i>James B. Ayer, M.D.,</i>	Boston,	—	September, 1907	Term expired.
December, 1902,	<i>Seward W. Jones,</i>	Newton Highlands,	—	December, 1906	Resigned.
September, 1905,	<i>Michael J. O'Meara, M.D.,</i>	Worcester,	October, 1915	—	—
October, 1906,	<i>Henry P. Field,</i>	Northampton,	September, 1911	—	—
January, 1907,	<i>William F. Whittmore,</i>	Boston,	September, 1914	—	—
September, 1907,	<i>Herbert B. Howard, M.D.,¹</i>	Boston,	September, 1912	—	—
December, 1910,	<i>Edward W. Taylor, M.D.,</i>	Boston,	September, 1913	—	—

¹ Reappointed September, 1907.

DIRECTORY OF INSTITUTIONS.

PUBLIC.

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Dr. Samuel B. Woodward, Worcester, chairman; Mrs. Carrie B. Harrington, Worcester, clerk; George F. Blake, Worcester; Lyman A. Ely, Worcester; T. Hovey Gage, Worcester; Thomas Russell, Boston; Georgie A. Bacon, Worcester.

Regular meeting, first Tuesday of each month.

Superintendent, Ernest V. Scribner, M.D.

First assistant physician, Ray L. Whitney, M.D.

Assistant physicians, Cornelia B. J. Schorer, M.D., George A. McIver, M.D., Floyd A. Weed, M.D., Henning V. Hendricks, M.D., S. Carlton Gwynne, M.D.

Pathologist, Samuel T. Orton, M.D.

Treasurer, Ernest V. Scribner, M.D.

Steward, M. H. Center.

Visiting days, Wednesdays and Fridays, from 10 A.M. to 12 M., and 1 P.M. to 4 P.M.

Staff meetings, daily, at 8.30 A.M.

Location, Belmont Street, Worcester, one and one-half miles from Union Station (Boston & Albany, New York, New Haven & Hartford and Boston & Maine).

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Henry R. Stedman, M.D., Brookline, chairman; Mrs. Elizabeth C. M. Gifford, East Boston, secretary; Loyed E. Chamberlain, Brockton; James P. Francis, New Bedford; Mrs. Margaret Smith, Taunton; Simeon Borden, Fall River; Edward Lovering, Taunton.

Regular meeting, second Thursday of each month.

Superintendent, Arthur V. Goss, M.D.

Assistant superintendent, Horace G. Ripley, M.D.

Assistant physicians, George K. Butterfield, M.D., Raoul G. Provost, M.D., Dora W. Faxon, M.D.

TAUNTON STATE HOSPITAL (opened 1854) — *Concluded.*

Junior assistants, John F. O'Brien, M.D., Lester F. Norris, M.D.
Pathologist, C. G. McGaffin, M.D.

Treasurer, Frank W. Boynton.

Steward, Otis E. White.

Visiting days, Wednesdays, Sundays and all legal holidays.

Staff meetings, Monday, Tuesday, Thursday, Friday, Saturday,
at 8.15 A.M.

Location, Hodges Avenue, Taunton, one mile from railroad
station (New York, New Haven & Hartford).

NORTHAMPTON STATE HOSPITAL (opened 1858): —

Trustees: Henry L. Williams, Northampton, chairman; Joseph
W. Stevens, Greenfield, secretary; Miss Caroline A. Yale,
Northampton; Luke Corcoran, M.D., Springfield; John
McQuaid, Pittsfield; Charles S. Shattuck, Hatfield; Mrs.
Emily N. Newton, Holyoke.

Regular meeting, first Thursday of each month.

Superintendent, John A. Houston, M.D.

Assistant physicians, Charles H. Dean, M.D., B. Angela Bober,
M.D., Eliza P. Brison, M.D., Charles E. Perry, M.D., Arthur
Nelson Ball, M.D., Anne Humphreys, M.D., Mary C. Couch,
M.D., Harriet M. Whitney, M.D.

Treasurer and steward, Lewis F. Babbitt.

Visiting days, Tuesdays, Fridays and Saturdays.

Staff meetings, Wednesdays, at 11 A.M.

Location, Prince Street ("Hospital Hill"), Northampton, one
and one-half miles from the railroad station, reached by car-
riage (Massachusetts Central and Connecticut River branches
of Boston & Maine).

DANVERS STATE HOSPITAL (opened 1878): —

Post office and railroad station, Hathorne (Boston & Maine).

Trustees: S. Herbert Wilkins, Salem, chairman; Samuel Cole,
Beverly, secretary; Miss Mary W. Nichols, Salem; Horace H.
Atherton, East Saugus; Miss Annie M. Kilham, Beverly;
Seward W. Jones, Newton Highlands; Ernest B. Dane, Boston.

Regular meeting, second Friday of each month.

Superintendent, George M. Kline, M.D.

Assistant physicians, Wm. B. Cornell, M.D., Anna H. Peabody,
M.D., Harlan L. Paine, M.D., Nelson G. Trueman, M.D.,
Burton D. Thorpe, M.D., Ferd. D. Streeter, M.D.

DANVERS STATE HOSPITAL (opened 1878) — *Concluded.*

Assistant physician and pathologist, Earl D. Bond, M.D.

Treasurer, Scott Witcher.

Steward, Edward S. Groves.

Visiting days, Tuesdays and Saturdays.

Staff meetings, daily, at 8 A.M.

Location, Maple and Newbury streets, Danvers, one-quarter mile from railroad station.

WESTBOROUGH STATE HOSPITAL (opened 1886): —

Trustees: John L. Coffin, M.D., Northborough, chairman; Miss Eliza C. Durfee, Fall River, secretary; William Avery Cary, Cambridge; George B. Dewson, Cohasset; John M. Merriam, Esq., South Framingham; John H. Pickford, Worcester; Miss Sarah B. Williams, Taunton.

Regular meeting, first Thursday of each month.

Superintendent, Harry O. Spalding, M.D.

Assistant superintendent, M. M. Jordan, M.D.

Assistant physicians, W. A. Jillson, M.D., Alice S. Cutler, M.D., Emma H. Fay, M.D., Ruel A. Pierce, M.D., Harriet Horner, M.D., Everett D. Coates, M.D.

Pathologist, Solomon C. Fuller, M.D.

Treasurer, H. L. Davenport.

Steward, Melville L. Stacy.

Visiting days, Tuesdays and Saturdays.

Staff meetings, daily, at 11.30 A.M.

Location, two and one-quarter miles from Westborough Station (Boston & Albany); one mile from Talbot Station (New York, New Haven & Hartford).

BOSTON STATE HOSPITAL (opened 1839): —

Post office, Dorchester Center; railroad station, Forest Hills (New York, New Haven & Hartford).

Trustees: Walter Channing, M.D., Brookline, chairman; Henry Lefavour, Boston, secretary; Mrs. Guy Lowell, Brookline; Lehman Pickert, Brookline; Mrs. William H. Devine, Boston; Michael J. Jordan, Boston; Hon. Melvin S. Nash, Boston.

Regular meeting, at the Psychopathic Department, on the second Tuesday of each month.

Visiting days, 2 to 4 P.M. daily.

Superintendent, Henry P. Frost, M.D.

BOSTON STATE HOSPITAL (opened 1839) — *Concluded.*

Assistant superintendent, Samuel W. Crittenden, M.D.

Assistant physicians, Mary E. Gill Noble, M.D., Ermy C. Noble, M.D., John I. Wiseman, M.D., William M. Dobson, M.D., Cyril G. Richards, M.D., John P. H. Murphy, M.D.

Pathologist, Myrtelle M. Canavan, M.D.

Steward, William E. Elton.

Treasurer, Fred L. Brown.

Location, East Group, Harvard Street, Dorchester, near Blue Hill Avenue; West Group, Walk Hill Street, about one mile from Blue Hill Avenue; one and one-half miles from railroad station; Psychopathic Department, 74 Fenwood Road, corner of Brookline Avenue.

Psychopathic Department (opened 1912): —

Post office, 74 Fenwood Road, Boston.

Director, Elmer E. Southard, M.D.

Chief of Staff, Herman M. Adler, M.D.

Executive assistant, Stephen E. Vosburg, M.D.

Assistant physicians, A. Warren Stearns, M.D., Victor V. Anderson, M.D.

Internes, Guy D. Tibbetts, M.D., G. E. Eversole, M.D., Frank C. W. Konrad, M.D.

Chief of out-patient service, William P. Lucas, M.D.

Special examiner, Dr. Louville E. Emerson.

WORCESTER STATE ASYLUM (opened 1877): —

Trustees: trustees of Worcester State Hospital.

Superintendent and Treasurer, H. Louis Stick, M.D.

Assistant physicians: Arthur E. Pattrell, M.D., B. Henry Mason, M.D., Effie A. Stevenson, M.D., John B. Macdonald, M.D., Donald R. Gilfillan, M.D.

Pathologist, Frederick H. Baker, M.D.

Visiting surgeon, Lemuel Woodward, M.D.

Visiting days, every day except Sunday.

Location, Summer Street, Worcester, five minutes' walk from Union Station (Boston & Albany, Boston & Maine and New York, New Haven & Hartford).

MEDFIELD STATE ASYLUM (opened 1896): —

Post office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford).

MEDFIELD STATE ASYLUM (opened 1896) — *Concluded.*

Trustees: Ira G. Hersey, Hingham, chairman; Mrs. Nellie Palmer, South Framingham, secretary; Fred H. Williams, Brookline; Maurice M. Dimond, Boston; F. B. Lund, M.D., Boston; Mrs. Sarah Rand, Newton Center; Dr. George O. Clark, Boston.

Regular meeting, first Thursday following the first Tuesday of each month.

Superintendent, Edward French, M.D.

Assistant physicians, Lewis M. Walker, M.D., Jane B. Smith, M.D., George A. Troxell, M.D., Walter Burrier, M.D., Herbert W. Shaw, D.D.S.

Treasurer, Chas. C. Blaney.

Steward, Louis A. Hall.

Visiting days, every day.

Location, Asylum Road, one mile from Medfield Junction railroad station.

GARDNER STATE COLONY (opened 1902): —

Post office, Gardner; railroad station, East Gardner.

Trustees: Edmund A. Whitman, Cambridge, chairman; Mrs. Amie H. Coes, Worcester, secretary; William H. Baker, M.D., Lynn; John G. Blake, M.D., Boston; George N. Harwood, Barre; Mrs. Alice Miller Spring, Fitchburg; Wilbur F. Whitney, Ashburnham.

Regular meeting, first Friday occurring on or after the fourth day of each month.

Superintendent and treasurer, Chas. T. LaMoure, M.D.

Assistant superintendent, Thomas Littlewood, M.D.

Assistant physician, Gardner N. Cobb, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M. (Sundays and holidays by permission.)

Location, Chapel Street, two minutes' walk from East Gardner railroad station.

MONSON STATE HOSPITAL (opened 1898): —

Post office and railroad station, Palmer (Boston & Albany).

Trustees: William N. Bullard, M.D., Boston, chairman; Mrs. Mary B. Townsley, Springfield, secretary; Mrs. Mabel W. Stedman, Brookline; Henry P. Jaques, M.D., Lenox; John Bapst Blake, M.D., Boston; Michael I. Shea, M.D., Chicopee Falls; George A. Moore, M.D., Palmer.

Regular meeting, first Thursday of each month.

Superintendent, Everett Flood, M.D.

MONSON STATE HOSPITAL (opened 1898) — *Concluded.*

Assistant physicians, Morgan B. Hodskins, M.D., Ransom A. Greene, M.D., Helen Taft Cleaves, M.D., Douglas A. Thom, M.D., George E. King, M.D.

Assistant superintendent and matron, Children's Colony, Miss Amy C. Clifton.

Field worker, Miss Marian Collins.

Treasurer, Miss Sarah E. Spalding.

Steward, Charles F. Simonds.

Visiting days, Tuesdays and Fridays.

Staff meetings, Mondays and Saturdays, at 11.30 A.M.

Location, one mile from railroad station.

FOXBOROUGH STATE HOSPITAL (opened 1893): —

Trustees: Robert A. Woods, Boston, chairman; William H. Prescott, Boston, secretary; Philip R. Allen, East Walpole; Timothy J. Foley, Worcester; Frank L. Locke, Malden; Edwin Mulready, Rockland; W. Rodman Peabody, Cambridge.

Regular meeting, first Wednesday of each month.

Superintendent and treasurer, Irwin H. Neff, M.D.

Senior assistant physician, Frank H. Carlisle, M.D.

Assistant physician, Edward C. Greene, M.D.

Junior assistant physician, Brace I. Lawley, M.D.

Physician to Out-patient Department, John A. Horgan, M.D., Boston.

Steward, Nelson Crosskill.

Visiting days, every day excepting legal holidays.

Staff meetings, Mondays, Wednesdays and Fridays, at 11 A.M.

Location, Chestnut Street, one mile from Foxborough Station (New York, New Haven & Hartford).

Out-patient Department, 28 Court Square, Boston.

MENTAL WARDS, STATE INFIRMARY (opened 1866): —

Post office, Tewksbury; railroad stations, Tewksbury (Western Division, Boston & Maine), Tewksbury Junction and Salem Junction (Southern Division, Boston & Maine).

Trustees: John B. Tynan, Salem, chairman; Rev. Payson W. Lyman, Fall River, secretary; Leonard Huntress, M.D., Lowell; Galen L. Stone, Brookline; Mrs. Charles R. Talbot, Brookline; John W. Coughlin, M.D., Fall River; Helen R. Smith, Newton Center.

Regular meeting, usually during last week of month, alternately at State Infirmary and State Farm.

Superintendent, John H. Nichols, M.D.

MENTAL WARDS, STATE INFIRMARY (opened 1866) — *Concluded.*

Assistant superintendent and physician, George A. Peirce, M.D.
First assistant physician, Howard F. Holmes, M.D.

Assistant physicians, Alfred J. Roach, M.D., Sherman Perry, M.D., Howard K. Tuttle, M.D., Harry R. Coburn, M.D., Earl C. Willoughby, M.D., George McLeod Waldie, M.D., Charles O. Maisch, M.D., Hanford Carvell, M.D., Thomas V. Uniac, M.D., Eleanor M. Slater, M.D., John C. Lindsay, M.D.
Dentist, Frederick E. Twitchell, M.D.

Internes, Clarence E. Dunbar, M.D., Bernard C. Healey, M.D., William Turetzky, M.D., Chas. DeWolfe, M.D., Raymond W. Cutler, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M.

Staff meetings, daily, at 8 A.M.

Location, about one-half mile from railroad station and from electric cars.

Coach from infirmary meets almost every train.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895): —

Post office, State Farm; railroad station, Titicut (New York, New Haven & Hartford).

Trustees: trustees of State Infirmary and State Farm.

Medical director, Ernest B. Emerson, M.D.

Assistant physicians, Leonard A. Baker, M.D., John H. Weller, M.D., Lonnie O. Farrar, M.D., Frederick M. Hollister, M.D.

Visiting days, every day except Sundays.

Staff meetings, usually daily, at 11 A.M.

Location, one-quarter mile from railroad station.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM (opened 1848): —

Post office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: Francis J. Barnes, M.D., Cambridge; Mrs. Luann L. Brackett, Newton; Thomas W. Davis, Belmont; Edward W. Emerson, M.D., Concord; Thomas N. Carver, Cambridge.

Trustees appointed by the corporation: Frank G. Wheatley, M.D., North Abington, president; Charles Francis Adams, 2d, Concord, vice-president; Charles E. Ware, Fitchburg, secretary; Frederick P. Fish, Brookline; Joseph B. Warner, Boston; Stephen M. Weld, Dedham.

Quarterly meeting, second Thursday of October, January, April and July.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM
(opened 1848) — *Concluded.*

Superintendent and treasurer, Walter E. Fernald, M.D.

Assistant physicians, Frederic J. Russell, M.D., Anna M. Wallace, M.D., Edith Woodill, M.D., Jonathan H. Ranney, M.D., Herbert Lawrence, M.D.

Visiting days, Wednesday, Thursday and Saturday afternoons.

Staff meetings, daily, at 9 A.M.

Location, near Clematis Brook station (Fitchburg Division, Boston & Maine); about one mile from Waverley Station (Fitchburg Division and Southern Division, Boston & Maine).

WRENTHAM STATE SCHOOL (opened 1907): —

Post office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Ellerton James, Milton, secretary; Patrick J. Lynch, Beverly; George W. Gay, M.D., Newton; Susanna W. Berry, Nahant; Mrs. Mary Stewart Scott, Brookline; Harry T. Hayward, Franklin.

Regular meeting, second Thursday of each month.

Superintendent and treasurer, George L. Wallace, M.D.

Assistant physician, Franklin H. Perkins, M.D.

Visiting days, every day. Permits will be required for visiting on Sundays and holidays.

Location, Emerald Street, Wrentham, one mile from railroad station (New York, New Haven & Hartford).

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882): —

President, Herbert S. Morley, Baldwinville; clerk, Robert N. Wallis, Fitchburg.

Trustees appointed by the Governor: George B. Dewson, Cohasset; Jenness K. Dexter, Springfield; Mrs. William W. Doherty, Boston; Arthur H. Lowe, Fitchburg; Herbert S. Morley, Baldwinville.

Trustees appointed by the corporation: John M. Bemis, M.D., Worcester; Mrs. James B. Case, Boston; Mrs. Edward L. Greene, Lancaster; Mrs. George Heywood, Gardner; Rev. J. S. Lemon, Gardner; Mrs. Winslow S. Lincoln, Worcester; Mrs. Geo. T. Plunkett, Hinsdale; Frederick W. Russell, M.D., Winchendon; Frederick P. Stone, Otto River; Frederic A. Turner, Jr., Boston; Gilman Waite, Baldwinville; Robert N. Wallis, Fitchburg; Mrs. Sarah E. Whitin, Whitinsville; Miss Edith H. Sears, Boston.

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882) — *Concluded.*

Quarterly meeting, third Wednesday of January, April and July, and second Wednesday of October.

Superintendent, Hartstein W. Page, M.D.

Assistant physicians, Mildred A. Libby, M.D., L. Maude Warren, M.D.

Treasurer, George L. Clark.

Visiting days, every day except Sundays.

Location, Hospital Street, one mile from railroad station (Ware River Branch, Boston & Albany, and Boston & Maine).

PRIVATE.

McLEAN HOSPITAL (opened 1818): —

Department of Massachusetts General Hospital Corporation; post office and railroad station, Waverley (Boston & Maine).

President, Henry P. Walcott, M.D., Boston; treasurer, C. H. W. Foster, Needham; secretary, John A. Blanchard, Boston.

Trustees appointed by the Governor; Henry S. Hunnewell, Wellesley; David P. Kimball, Boston; Charles P. Greenough, Boston; Joseph H. O'Neil, Boston.

Trustees appointed by the corporation: Henry P. Walcott, M.D., Boston, chairman; Francis H. Appleton, Boston; Nathaniel T. Kidder, Boston; C. H. W. Foster, Needham; John Lowell, Boston; George Wigglesworth, Boston; Moses Williams, Boston; Francis L. Higginson, Boston.

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First assistant physician, Frederick H. Packard, M.D.

Second assistant physician, Theodore A. Hoch, M.D.

Assistant physician and pathologist, E. Stanley Abbott, M.D.

Assistant in pathological chemistry, Charles C. Erdman, A.B.

Assistant in pathological psychology, F. Lyman Wells, Ph.D.

Junior assistant physicians, Edmund M. Pease, M.D., Clarence M. Kelley, M.D.

Visiting days, week days.

Staff meetings, regularly, Tuesdays, at 8.30 A.M.; irregularly on other days, at the same hour.

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PRIVATE HOSPITAL, J. F. Edgerly, M.D., 1 Mt. Vernon Terrace, Newtonville.

HIGHLAND HALL, Samuel L. Eaton, M.D., 340 Lake Avenue, Newton Highlands.

DR. REEVES' NERVINE, Harriet E. Reeves, M.D., 283 Vinton Street, Melrose Highlands.

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